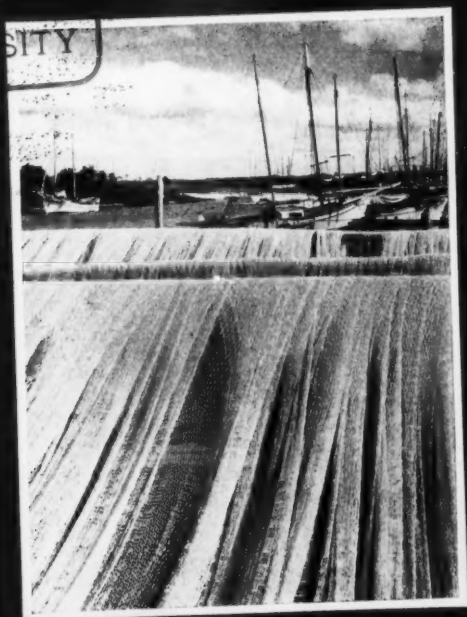


MEDICAL ECONOMICS



JUNE, 1957



HOW IMPORTANT ARE MINERALS IN THE DIET?



They are absolutely essential for the maintenance of an adequate state of nutrition. However, not infrequently an apparently minor mineral deficiency may weaken the body's defensive mechanism to such a point that

**Pregnancy,
Infection, or any
Other unusual tax**

**may lead to a prolonged
period of convalescence.**



FELLOWS' SYRUP
of the
HYPOPHOSPHITES

CONTAINS THE DEFICIENT MINERALS!

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MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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and **DISLOCATIONS**
.... of modern sports
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Its well-retained heat and
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comfort and shorten the conva-
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☆ SPEAKING FRANKLY ☆

\$25 TOO MUCH

TO THE EDITORS: In your April issue (page 115) Dr. Floyd W. Burrows describes two metal cabinets, "good as new," which he purchased for \$25. As the enclosed catalogue page shows, new steel cabinets such as Dr. Burrows describes are available from one company at least for \$9.80 each. While I value mine at more than \$9.80, I wouldn't pay \$25 for two more. It isn't necessary.

Paul C. Leck, M.D.
Austin, Minnesota

CHAIN STORE PRACTICE

TO THE EDITORS: Here in California we are menaced, in many instances swamped, by groups offering medical, surgical, and hospital service for \$2 a month (in at least one large factory, for \$1 a month).

These groups consist of two or three physicians who own the enterprise or control the bulk of the stock. They are money makers because the subscription fees are deducted directly from payrolls. Furthermore, they have invaded homes and are lining up workers' dependents.

How far this racket has extended into other states I do not know. But I bet that it will ultimately invade every community in the nation. It is modeled on the chain store idea. And we know what *that* system of monopoly has done to the small merchant!

In every case that has fallen under my observation the hired personnel of these group clinics has been made up of young doctors recently out of school.

Hundreds of subscribers troop to these neophytes weekly seeking care for the most serious conditions—surgical, obstetrical, and medical. If a young hireling fails to measure up, another, anxious for a job, is found to replace him.

This is a sad state of affairs. The outlook for medical advancement under such conditions is extremely dark. The "family physician" has gone the way of the old family "run-about." Worse still, American initiative, independence, and opportunity, as far as 75% of the profession are concerned, is merely a matter of history. Some of us will get by, of course, but the majority are up against an appalling economic threat.

A. E. O'Flaherty, M.D.
Santa Monica, California

INSURANCE EXAMINERS

TO THE EDITORS: Why do life insurance companies so frequently employ surgeons, genito-urinary specialists, and obstetricians, instead of internists or general practitioners, to examine applicants for insurance? The general man is much more capable of interpreting such things as pulse, blood pressure, etc.

M.D., Maryland

[*The foregoing letter, relayed to the medical directors of several life insurance companies, has elicited the following replies.—Ed.*]

TO THE EDITORS: Most of our examiners were appointed when they

The Test of Time

We have been making the Baumanometer now for some twenty-one years, which is a long while to devote exclusively to the making of *any* one thing.

And in all of that time our work has never deviated from these three principles:

You don't buy a sphygmomanometer every year, so why not have a genuine Lifetime Baumanometer. First-cost may be a little more, but *through the years* it actually costs less.

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"ASK YOUR
SURGICAL
INSTRUMENT
DEALER"

ACCURACY—above all else, the rock upon which the Baumanometer first won the medical profession's confidence.

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RELIABILITY—to the end that whatever variation is found, you may be sure it is in the patient, and *not* in the instrument.

To-day our most cherished asset is the confidence, and good-will, and respect of doctors and hospitals throughout the world . . . The Baumanometer has stood the test of time.



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were general practitioners. Of course, a large number of these practitioners . . . became, by training and experience, specialists in various branches of medicine or surgery. We are not aware when our examiners branch out into various specialties, but we still employ them because of their value as trained medical observers whose work has been satisfactory to the company . . .

Any competent medical examiner is able to report on conditions of pulse rate and rhythm, bloodpressure readings, and laboratory tests required on insurance examinations. The examiner is merely the investigator who reports the facts. He furnishes a pen picture of the applicant for insurance. His value is based upon his ability to determine rapidly and accurately the presence and degree of medical impairments affecting insurability and to obtain a clear history along the lines laid down for examinations.

The interpreting of facts developed by the examiner is the prerogative of the medical board of the company.

R. A. Fraser, M.D.
Chief Medical Director
New York Life Insurance Co.

TO THE EDITORS: While we do not wholly agree with the opinion expressed by your inquirer, may we tell you that it is the practice of this company to employ general practitioners to do its medical work. Of course, these doctors do surgery, obstetrics, and the work that a general practitioner might be called upon to do. We have never selected our examiners because of their qualifications in any of the specialties mentioned.

Charles L. Christiernin, M.D.
Medical Director
Metropolitan Life Insurance Co.

TO THE EDITORS: It is our practice to obtain examiners who have had special training in physical diagnosis. We usually investigate very closely the qualifications of our doctors, look up

their hospital and society connections, and ascertain their standing in the community. Most of our examiners were appointed in the first years of their practice; and, as time went on, some drifted into specialties.

These men know what we want and give us excellent service. As long as their services are satisfactory to us we see no reason for dropping them because they are specializing. Nevertheless, over 95% of our examiners are either medical internists or general practitioners.

It is our custom (rigidly adhered to) not to appoint men who are already established in the specialties. We feel that these men are too busy to give us the service we require; that their interests are other than those required to make the type of examination which we demand.

However, in the pursuit of our business it is necessary at times to obtain special examinations by those qualified through special training and experience. Accordingly, we have a special list of internists, roentgenologists, neurologists, etc. The annual fees paid to these gentlemen amount to a sizable sum.

[The preceding comments are from the medical director of a large Eastern company. He has asked to remain anonymous.—Ed.]

THE QUALITY OF COURTESY

TO THE EDITORS: After reading "Court-esy, Bah!" in your April issue, I have come to the conclusion that if the author is correct, I am, alas, the vilest of culprits, having just been the recipient of considerable professional courtesy.

Following an injury sustained a year ago, I have been under the care of an orthopedic surgeon. Also, I was once seen in consultation by one of the outstanding orthopedists in the country. He could not have treated me more courteously or given time more

MILD UNRECOGNIZED ANEMIAS

In many forms of illness, an unrecognized iron-deficiency anemia may be the critical factor which delays the patient's response to treatment. The typical symptoms of pallor, weakness, and lack of appetite may be due to loss of blood or to a deficiency of blood-building elements in the diet.

"... iron in adequate doses remains the *sine qua non* for uncomplicated hypochromic anemia." (Queries & Minor Notes, J. A. M. A. 102:2046, 1934.)

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On request, we will send any physician free samples of FLENTS for personal trial or to give to patients.

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103 PARK AVE. • NEW YORK

freely had I been the Prince of Wales.

I haven't paid one cent in professional fees. These men wouldn't let me!

Somehow, to have received, without charge, such excellent care from men who are leaders in their field has given me a new appreciation of my profession and a greater respect for the men who follow it.

The thought that a man of national reputation, the head of a department in a great university, extended professional courtesy to me—a nobody in a small village—gives me a genuine thrill. I, for one, am thankful that the practice of medicine has not yet been "reduced to the same plane as those mundane, though indeed honorable callings of butcher, baker, and candlestick maker."

Evidently, "Courtesy, Bah!" was written from the standpoint of the specialist. For that reason I'd like to say that we in general practice also have occasion to extend professional courtesy.

Who knows but that some day the author of the article may have an automobile accident near my village, and I may be called to render treatment? If so, I shall give the best I'm able to provide—and there won't be any bill!

M.D., Michigan

PROTECT ACCIDENT FEES

TO THE EDITORS: How can a physician protect his fee in an accident case?

A number of states have passed legislation which gives hospitals a lien for services rendered and provides also for methods of enforcing the lien. Why not extend the statute to cover physicians and surgeons so that they also may have liens and so that no money in a case may be paid out until the medical attendant has first been compensated?

It is true that in a few states the law has been thus extended. But in

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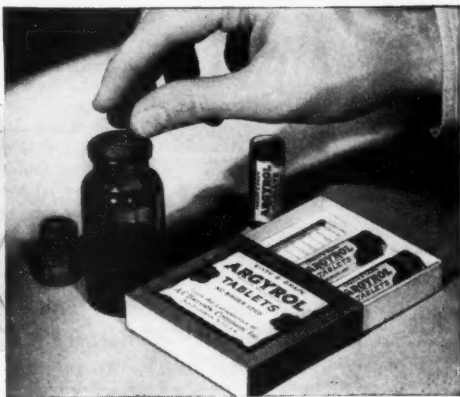
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In Spring Hay Fever-ARGYROL



Relief can be afforded in spring hay fever in a great many cases by the method advocated by the late Professor E. B. Gleason,* namely, the use of pledgets of cotton saturated with 10 per cent Argylol solution placed in the vault of the nose and allowed to remain from 15 minutes to one-half hour. He added that this procedure is a very useful addition to any other form of treatment.

In this connection, Haseltine, of Chicago, wrote: "In my 20 years' experience with the Dowling method, I have, of course, tried many solutions that were recommended as substi-

tutes for Argylol. Some are worthless, some of partial value and some perhaps as good, but none has in any way given better satisfaction."

Argylol is different because its constituent elements are different. Argylol is in a class by itself—*sui generis*. It has never been duplicated and it is the only silver salt which retains its mildness in increased concentrations. Your insistence on the name *Barnes* on all solutions ordered or prescribed by you will insure the results that you can expect from Argylol.

* Manual of Diseases of the Nose, Throat and Ear, 1933, page 98.

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Write for free booklet, "Come to Newfoundland", to Newfoundland Information Bureau, Dept. G, 620 Fifth Ave., New York, N. Y., or Newfoundland Tourist Development Board, St. Johns, Newfoundland, or any travel agency.

ARTHRITIS and its SYNDROMES

require combined Sulphur, Iodine, Calcium and a solvent and eliminant of metabolic waste.

Such is

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Given per os—not by injection—relieves pain, reduces swelling, improves motility by removing causes—not merely relieving symptoms.

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the majority, that is not the case.

Where such a law does not exist, the doctor is at the mercy of his patients. The latter can receive money and spend it before the practitioner has a chance to obtain a judgment and attach the proceeds of the case. That is unjust. A physician should have the right to file a physician's lien, just as any common laborer can file a mechanic's lien against real property for improvements made or for materials furnished.

Is the doctor to receive less protection under our laws than an ordinary laborer? Let the medical profession organize to procure necessary legislation in those states where it has not been passed.

Meyer Kirschenbaum
New York City

MUM ON Rx PRICES

TO THE EDITORS: Pharmacists have informed me recently that certain doctors are telling their patients what an Rx should cost. Most of the time, a doctor doesn't know the price of drugs, the amount of store overhead, etc. Therefore, he should refrain from quoting prices on prescriptions.

O. T. Alford, M.D.
Birmingham, Alabama

PRIVATE COLLECTOR

TO THE EDITORS: Your readers may be interested in a collection procedure which I have found extremely successful.

In a community where low incomes reign, it is axiomatic that patients do not flock to the doctor's office on pay day with overflowing fists. There is no jostling in the halls, no stampeding on the front porch. All is serene—too serene!

After observing this phenomenon for many months, I seized the bull by the horns and decided to carry the collection campaign into my patients' territory. I selected a young, reliable married man to call at the home of

for the treatment of ANEMIA... ENDOMIN



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IN easily taken tablet form, Endomin offers a simple, pleasant and potent means for prescribing iron salts—supplemented by the important activating salts of copper. This balanced formula of inorganic metals, in a non-irritating and readily assimilable state, helps to effect a gratifying degree of hemoglobin regeneration in nutritional anemias of all types.

Each tablet contains:

Iron	8.0 mg.	Zinc	0.3 mg.
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Manganese	0.4 mg.	Cobalt	0.03 mg.
Sodium Germanate 0.05 mg.			

Dosage: 1 to 3 tablets, t.i.d., for the ordinary case.

Supplied in bottles of 100, 500 and 1,000 tablets.

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MEDICAL ECONOMICS • JUNE • 11

The Saving Power of **URINARY ANTISEPSIS** *in* **PREGNANCY**

Owing to the very common bacterial invasion of the genito-urinary system during pregnancy, prophylaxis is a major consideration. Reports from many authorities affirm the exceptional anti-bacterial efficacy of HEXALET "Riedel". It guards against threatened urogenital infections, and is notably efficacious in clearing up urinary tract disturbances.

HEXALET

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Hexalet is a scientifically correct chemical combination of methenamine with sulphosalicylic acid—a powerful acidifier. Sulphosalicylic acid, also possessing definite antiseptic and sedative properties, raises urinary acidity to the point necessary to effect complete release of formaldehyde in the genito-urinary tract.

NO PRIOR TESTS NECESSARY

No tests of the urinary pH are necessary prior to dosing; there is no supplementary administration of an acidifying measure. With Hexalet "Riedel" the two objectives of acidification and antiseptics are achieved together.

Physicians: Send for free sample of Hexalet "Riedel" and literature.

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certain patients who owe this office and are receiving regular pay.

When my collector makes his calls, he is armed with one-dollar bills. That effectively spikes the excuse, "we haven't change." Many do not pay for one or two times due to pressure from radio, car, and other dealers. But they at least know that my representative will be on hand next pay day, expecting payment of a dollar or so.

Before I launched this project, I told each patient the amount of his indebtedness and apprised him of the new method of collection. I explained also that it was not feasible for me to get about myself on pay day—that I was usually too busy at the office. Practically everyone expressed understanding and a willingness to pay.

My man gets a little at a time from each debtor. But it keeps us living and able to pay insurance and other bills.

Of course, I do not attempt the procedure described when established business men or other responsible people are involved. I simply bill them regularly by mail.

George I. I. Ireland, M.D.
Tyler, Pennsylvania

LET THEM EAT—!

TO THE EDITORS: Your April editorial, "Paupers on the Move," is correct in its theme. The cost of giving medical care to the indigent is a public problem and should not be dumped in the medical man's lap. Something ought to be paid out of tax funds to the profession for attending the indigent. Furthermore physicians should be relieved entirely of determining who is and who is not indigent.

Let poverty-stricken patients first see the proper lay authority (a member of the county court or a welfare worker). Then, they can go to the doctor's office with written authority for the necessary attention.

J. K. Guthrie, M.D.
Martinsburg, West Virginia

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Since tincture of green soap can not give you complete asepsis,
WHY NOT AVOID IRRITATION, WITH A SOAP PROVED 5 TIMES MILDER?



Danger in Scrub-up

AS YOU KNOW, frequent scrubbing-up with tincture of green soap is highly irritating, a challenge to any skin's esophylactic powers. The dermatitis that may so readily arise, is difficult to resolve. Yet, for professional reasons, continued frequent scrubbing-up is a necessity.

Members of your profession used to undergo the irritant effects of green soap in the belief that this heroic treatment was a complete safeguard against dangerous septic conditions. Now such a reason has been disproved by bacterio-surgical researches which show tincture of green soap cannot be relied upon to produce skin asepsis.*

You can get a thorough scrub-up, but avoid the risk of irritation by the use of Lifebuoy. The results of a scientific investigation prove it to be five times milder than tincture of green soap.

Patch tests give proof

Patch tests were made by a well-known university biochemist on twenty individuals. 14 reacted to tincture of green soap while only 4 reacted to Lifebuoy. Average irritation produced by Lifebuoy

*A Bacteriological Appraisal of Commonly Used Antiseptics (A.W. Allen, M.D., J.I. Moorhead, M.D., and M.P. Edgerly), The American Journal of Surgery, Vol. xxiii, No. 2, Feb., 1934—pages 371-377.

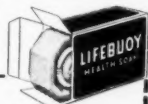
was 0.15 "plus" while that produced by the green soap was five times greater, or 0.75 "plus."

Method used in patch tests

The procedure used in the patch tests has been checked by 3 leading dermatologists, also 2 biochemists of repute. Subjects were of ages 18 to 50, including all types of normal skin. Solutions of the two products were prepared containing, in each case, equal quantities of soap. Squares of filter paper immersed in the solutions (at 40°C) were placed on the flexor surface of the forearms, covered with oiled silk and held firmly in position. After one hour, the filter paper was removed and evidences of irritation recorded.

Use coupon for professional samples

Thousands of doctors have already indicated their desire to test Lifebuoy and have received professional samples. If you'd like to try Lifebuoy on your own skin and perhaps patch test it against tincture of green soap, we'll gladly send you a carton of professional samples (one carton to each doctor). All you need to do is fill in and mail the coupon below.



LEVER BROS. CO.
Dept. 496, Cambridge, Mass.

Yes, send me a carton of your professional samples. I'd like to try Lifebuoy on my own skin for scrubbing-up and to test it against tincture of green soap.

Name.....

Address.....

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State.....

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interesting folder
on the many types
of B-D Syringes
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May we send
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**Asepto Syringes
are made in
over 50 styles
and sizes**

*Some recommended uses and
available styles follow:*

Genito-Urinary Work, Anterior In-
jection, Posterior Injection and Deep In-
jection, Female Bladder, Cervix and Uteri,
Skene's Glands and Vas Deferens,
Pipettes and Eye Droppers,
Aspirating and Irrigating,
Obstetrical Analgesia,
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Bladder Treatment,
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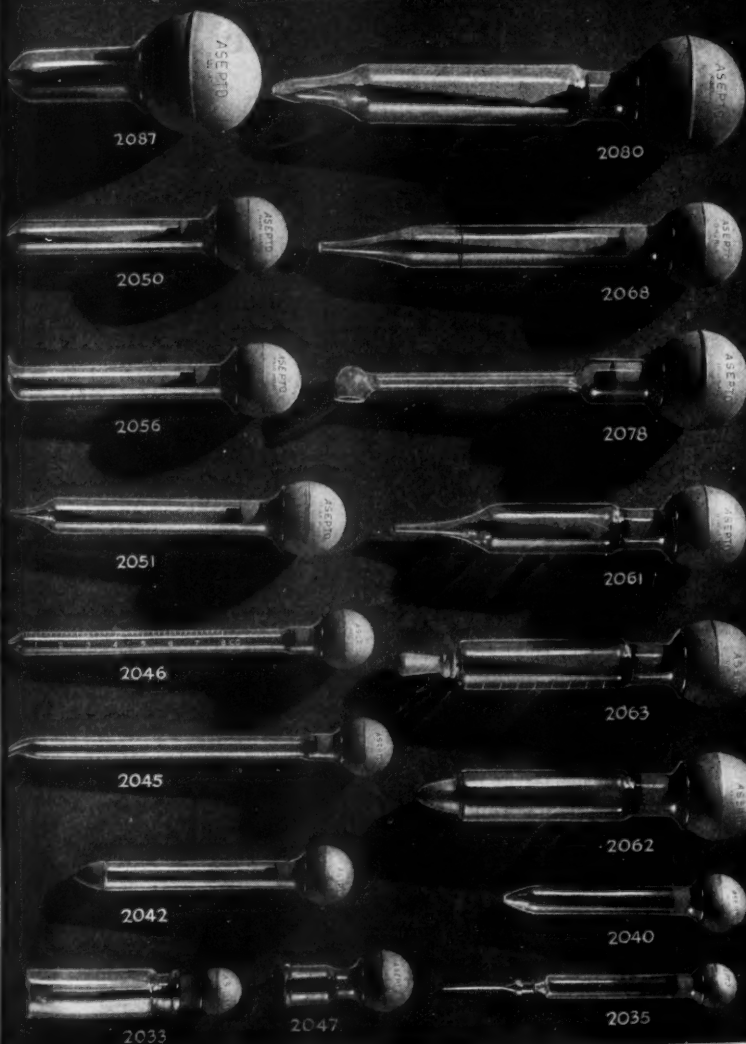
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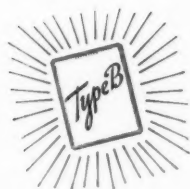
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RUTHERFORD, N. J.

Greatly Increased Brilliance of this Fluoroscopic Screen



*leads to its adoption by
practically all leading roentgenologists*

BECAUSE fluoroscopic screens at their best are limited in brilliancy, even a slight increase in brightness is welcomed by the roentgenologist.

Therefore, as the Patterson Type B Fluoroscopic Screen is *far* more brilliant than the well-known Patterson Standard Fluoroscopic Screen, it is not surprising to find that the Type B was quickly adopted by practically every leading roentgenologist.

The advantages of this screen include increased contrast, all-around sharper detail, and

operation at lower voltages. Another feature which appeals greatly to many doctors is the apple-green color of this screen . . . a color pleasing to the eye and to which the eye accommodates more quickly.

Ask your dealer to demonstrate this fluoroscopic screen. You are sure to be impressed by its marked superiority.

Practically all of the major improvements in both Fluoroscopic and Intensifying Screens have been produced by Patterson . . . in the world's largest laboratory entirely devoted to X-ray Screen research and development.

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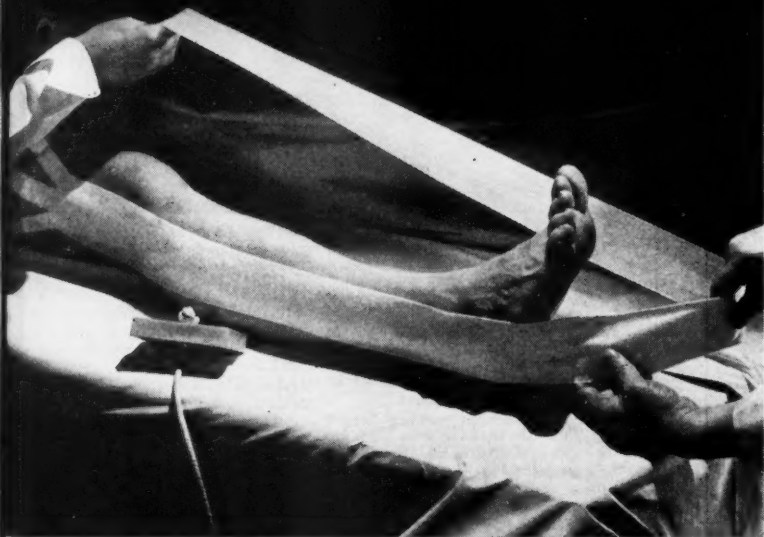
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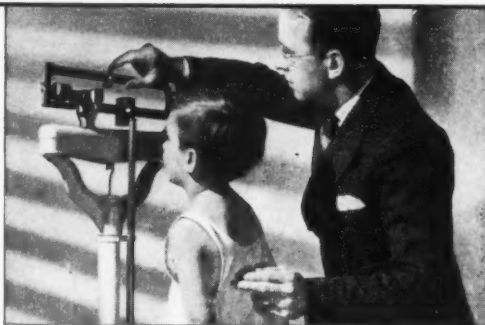


● For extension and traction in fracture treatment, "ZO" Adhesive on Moleskin is strong and dependable. Heavy moleskin backcloth with standard "ZO" Adhesive mass. Mounted on crinoline and supplied in 5-yd. rolls, 12" wide, and in 1-yd. and 5-yd. rolls, 7" wide.

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When Children are UNDERWEIGHT



Faulty nutrition and lack of appetite are frequent causes of underweight in children. In such cases, the addition of a special food supplement to the ordinary diet often brings desired results.

OVALTINE is the kind of food supplement of special value for undernourished children. It furnishes special nutritional properties in a form which children welcome. It contributes to weight gain in several ways:

First—It helps restore normal appetite, not merely by tempting the taste, but also by helping to stimulate the lagging appetite. It contains 57 International units of the appetite-promoting vitamin B per ounce. And in addition, it causes the stomach to empty starchy foods more rapidly, which allows hunger to return sooner. (See X-rays below.)

Second—Ovaltine itself is easily digested. It not only aids the digestion of starchy foods but in addition

it increases the digestibility of milk.

Third—This food-drink supplements the diet with nourishing and protective food elements—proteins, carbohydrates, minerals and vitamins—all important factors for proper growth.

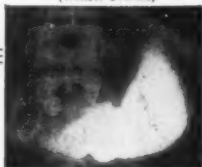
Ovaltine combines maximum nourishment with minimum bulk in a form readily taken. Thus underweight children often respond quickly when it is added to the ordinary diet at meals and between meals.

Why not recommend Ovaltine for some undernourished child under your care? We will send you a large can of Ovaltine prepaid for this purpose. Address The Wander Company, 360 North Michigan Avenue, Chicago, Illinois. Dept. M.E. 6

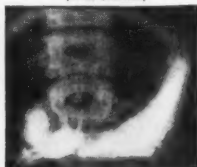
Copr. The Wander Co., 1937

The X-ray reproductions show the stomach 2 hours after a starch meal was taken, without and with Ovaltine. The average decrease in gastric contents due to Ovaltine was 20%.

(Without Ovaltine)



(With Ovaltine)



★ SIDELIGHTS ★

A WORD TO THE WISE practitioner whose home or office needs renovation:

Building material costs, which rose 10-15% during 1936, are expected to advance another 15-20% this year. A shortage of labor has already begun to develop, with a resultant rise in wages (and wages account for half of every construction bill).

The physician who has been postponing repairs and alterations will do well to procrastinate no longer. Banks are beginning to lend money again for improvements which enhance the value of property—or the prospects of practice.



Why wait till building costs skyrocket beyond reach before tackling your remodeling?

SEVERAL COUNTY MEDICAL societies have fallen for a scheme which is highly profitable to the telephone company but leaves many society members feeling that they are holding the bag.

Upon payment of an extra monthly charge of about 50c, Dr. John Smith's name in the classified directory is followed by a notation that he is a member of the Blank County Medical Society. If he desires to be listed as a specialist with a similar designation, an-

other 50c a month will do the trick.

That is all very nice for Dr. Smith. But Dr. Brown, who is also a member of the county society and who practices the same specialty, cannot afford to spend \$12 a year for this purpose. Although he pays his dues regularly, patients looking for his name in the classified directory infer that he does not belong to his county medical society and wonder why.

Many physicians who do not care about the notation sign up for it because they are afraid not to. Those who cannot afford it or hold out on principle feel that their county society has put them on the spot.

Either the notation should follow every member's name, or the whole practice should be abandoned.

THE TWENTIETH CENTURY FUND'S report on taxation must give pause to the most enthusiastic advocates of state medicine. Taxes are now at the highest point in the history of the United States—an average of \$100 a year for every man, woman, and child in the country. And the budget is still unbalanced!

The outlook for the immediate future is not cheering. Even if governmental borrowing were ended and expenditures continued at their present level, the per capita rate would soon be fifteen to twenty dollars a year more, say Twentieth Century Fund experts. New income, sales, and nuisance taxes are already forecast for next year.

A good brand of state medicine, if

it could be produced at all, would be costly. With tax sources heavily mortgaged as they are, Uncle Sam can hardly hope to duplicate the high quality of private care without one of those



trick pails which can be filled with silver dollars from thin air.

IN MUSKOGEE, OKLAHOMA, where three thousand persons are in need of treatment for venereal disease, medical men are tackling the problem in forthright fashion.

The city health department has confessed its helplessness, so the county medical society proposes a three-sided partnership between the state, a local hospital, and the medical profession.

The plan is to establish a part-pay clinic in space provided by the participating hospital. Members of the county society will donate their services. The state department of health will supply the necessary drugs.

If the plan goes through, applicants will be admitted only on the signed recommendation of a member of the county medical society and after investigation by the local welfare board. No one will be accepted who can pay for private care. Every patient will pay something, if only a nickel or a dime, to help cover expenses.

Here is a practicable line of attack on venereal disease for small cities and county centers.

ONE OF THE SECRETS of successful collecting lies in making it easy for the patient to pay. Methods of doing this are surprisingly numerous; they range from accepting instalment accounts to

enclosing a three-cent stamp and self-addressed envelope with each bill to a delinquent.

Even such simple devices as these produce astonishing results. In almost every day's mail are letters from physicians, expressing enthusiasm over the way in which some trifling idea has encouraged payment from debtors.

The following comment from a St. Louis practitioner is typical: "With each bill I enclose a stamped return envelope. The number of payments submitted in these envelopes is remarkable. Still more remarkable is the ability of a reply envelope to extract money from people who are slow in paying or reluctant to pay at all."

Obviously, a good collection percentage cannot be maintained through the employment of any one device of this kind. It depends, instead, on the observance of several basic, psychological principles. Making it easier for the patient to pay is one of them—no doubt the most frequently overlooked.

ALTHOUGH the county unit is considered the most vital link in the chain of organized medicine, it is rarely equipped for the heavy duty it must do.

Every county society should have a central office where regular office hours are kept. Telephone service is indispensable. So is a clerk to keep records, handle correspondence, and transmit messages to the officers.

If a society is not busy enough to keep full office hours, it can at least operate on a part-time schedule. The chief thing is to have regular hours, so that personal and telephone callers know when the office can be reached.

In most towns an intelligent stenographer is to be had, who can devote all or part of her time to serving as clerk of the society. The additional expense of a small office should be no burden to the average society; and if it is, desk space at least can be rented.

FOR YEARS the profession has urged home treatment of the indigent sick in mild routine illnesses. Now comes the report of the Hospital Survey for New York to support this viewpoint.

Over 10,500,000 people and 850 medical institutions are included in this survey, which covers parts of New York, New Jersey, and Connecticut. Conclusions drawn from so large a population group, from so many medical agencies, have a wide applicability.

The reasons advanced by the survey committee in favor of home treatment of the sick poor are well known to physicians. It would cost the state less than hospitalization, reduce institutional overcrowding, obviate capital outlays for unnecessary new construction, and give the poor as well as the rich the benefit of a continuous, personal relationship with their physicians.

Add to this that it helps preserve the economic stability of private medical practice, and these are good enough reasons for any one, say we!

"IS MILK CANCER'S ALLY?" asked Walter Clare Martin, in March *Coronet*. "Ridiculous," "pernicious," "twaddle," medical authorities replied. Whereupon the magazine published an answer to Mr. Martin in its May issue ("Milking the Public," by Clarence Cook Little).

Had *Coronet's* efforts at scientific writing ended there, it might have been assumed that the magazine had made a slip, attempted to rectify it, and learned a lesson. But the facts speak otherwise:

In the May issue there was also an article on "Pain for Nothing," sponsored by Paul de Kruif. It excoriated physicians for their alleged greed, blindness, and stupidity, basing its attack on a case that was obviously extreme and isolated.

Publishing articles largely for the purpose of exciting readers is an old

device in the magazine business. Periodicals eager to become known and to be talked about have employed it for years. Yet a magazine lacks even the rudiments of good taste when it attempts to build circulation by shattering confidence in medicine and by alarming the public about so serious a matter as its health.

WHERE MEMBERSHIP is suitably regulated, there is no doubt that many employees' benefit associations are a real help to the low-salaried worker. Besides the annual round of entertainment, they furnish aid in many a tight spot—notably sickness.

Although the medical personnel is usually underpaid, the profession would have no serious quarrel with these organizations if membership were limited to small wage-earners. Most of them, however, include executives and other high-salaried employees.

It's all right to temper the wind to



the shorn lamb but the well-padded mutton doesn't need this help.

A NUMBER OF STATE medical societies are leaving their members no excuse for chasing golf balls during the executive sessions of the annual meeting. No longer can truants take refuge in ignorance of organization affairs. Those who profess not to know what is going on confess their own delinquency.

By publishing the annual reports a month before the meeting, the society gives the membership a chance to digest their contents. By the time the convention date arrives, members are familiar with organization activities and can take active part in discussions.



Publishers' Photo

WHO'S TO BLAME?

BY CHARLES R. ROSENBERG, Jr., LL.B.

Help yourself to some free malpractice insurance! Here are the circumstances under which the law holds you responsible for the mistakes of others.

WHEN IT COMES to fixing the blame for harm done to a patient by a physician's assistant or nurse, the law is as final as a 9-0 Supreme Court decision. *The employer is responsible.*

A typical example:

A doctor's practice took him out of town part of each day. He wished to maintain service at his office while he was away. He found a local colleague who, in return for a daily stipend, agreed to stay in his office and treat any patient who might call during his absence.

One day the employed doctor

treated a woman's knee injury. Later, in court, it was established that through his negligence the injury had become worse, that the patient had endured disability and suffering which could have been avoided.

The resulting suit for malpractice was brought against the *employing* physician who had not handled the patient at all. The court sustained a verdict against him. Why? Because the employed physician who had been negligent was "definitely the agent" of the defendant.¹

Not all instances of so-called

agency relationship are as clear-cut as the one just cited. Take the following case:

Two surgeons who owned and conducted an incorporated hospital operated successfully on a woman patient. The hospital's head nurse assisted. Between the patient's ankles she placed a pan of hot water for use during the operation.

When the patient regained consciousness, she became aware of severe burns on her ankles, due, it appeared, either to hot water having splattered on them or to contact with the pan. She sued the surgeons.

The court decided that the surgeons were legally responsible for the negligence of their head nurse. This, in spite of the fact that, actually, she was an employee of the incorporated hospital. The surgeons owned and controlled the corporation; therefore, the court ruled, the nurse was, to all intents and purposes, their agent and employee.²

Of course, agency relationship is not the only legal hook on which a physician can be caught for the mistakes of others. That is demonstrated in the following series of questions and explanations:

When a substitute is guilty of malpractice, is the doctor who sent him responsible?

In one sense the substitute is employed by the original doctor; in another, he is practicing as what the law calls "an independent contractor."

In a leading and typical case the court ruled: "From the very nature of the employment, the physician who takes the place of another must, while he alone is treating the patient, exercise his own judgment

and his own skill. He is truly an independent contractor. The generally prevailing rule in this country is that the ordinary relation of principal and agent does not subsist in the case of an independent employee or contractor. Where the person employed is not under the immediate control, direction, or supervision of the employer, the latter is not responsible for the negligence or misdoings of the former."³

Thus, ordinarily, a doctor is not responsible for the medical errors perpetrated by a substitute. *He may, however, be held responsible if he was careless in the selection of the substitute, sending one not known to him to be competent.* As the court went on to explain in the case just cited, "If the original doctor acts in good faith and with reasonable care in the selection of a physician or a surgeon and has no knowledge of incompetency on the part of the person employed, but selects one of good standing in his profession, one authorized under the laws of the state to practice medicine and surgery, he has filled the full measure of his duty and cannot be held liable for any want of skill or malpractice on the part of the physician or surgeon employed."

When two or more doctors act together in a case, what is their legal liability in the event of alleged negligence or malpractice by either or both?

Admittedly, legal decisions on this question are a bit confused. So many factual differences arise in such cases.

Under the principle of agency, if one of the two physicians is the agent or employee of the other, the

employer is responsible for his negligence. That is particularly clear when the employed man is under direct supervision of his employer as in the case of a jointly performed operation.

If the employer-employee relationship does not exist, and two physicians act concurrently, they may be held *jointly* liable for any avoidable damage done to a patient. Light is shed on this point in a ruling by an Ohio court: "Counsel for Dr. N— insists that Dr. C— was employed to perform the operation, and that the relationship between the two was that of principal and agent, Dr. N— being the agent of Dr. C—. With this we do not agree. We are fully convinced that the liability of the doctors, if they are liable to the patient, must be based on *joint* liability, they being engaged in a common purpose. . ."⁴

When two doctors engaged independently by a patient serve together by mutual consent, is the innocent doctor liable for harmful acts of the other?

Here the liability of the innocent man hinges upon whether or not he observed his colleague rendering improper treatment. According to a federal court, each of two physicians serving together by mutual consent "is rightly held answerable for his own conduct as well as for the wrongful acts or omissions of the other which he observes and lets go on without objection, or which, in the exercise of reasonable diligence under the circumstances, he should have observed."⁵

Is an anesthetist who has no control over operative procedure liable

for the malpractice of the surgeon?

Exonerating an anesthetist who was sued for damages resulting from a negligently performed operation, a Kentucky court made it clear that anesthetists are responsible only for administering the proper amount of anesthetic to "insure the patient's remaining in a comatose condition while the knife is being used."⁶ Therefore, the anesthetist's attention must be directed solely to rendering that service. He can not be held responsible for the surgeon's mistakes.

An example is that of a Vermont physician who consented to administer the anesthetic during an operation which was performed contrary to his advice. Later, he was sued for malpractice during the performance of the operation. The court found him not liable, pointing out that he did not have control over the operation.⁷

Is a doctor responsible for harm to patient during an operation, arising from the carelessness of a nurse or intern who was not the agent or employee of the doctor?

This question is one of the most exasperating in malpractice litigation. The prevailing law imposes full liability on the doctor for the negligence of a nurse or intern in respect to a matter for which the doctor himself was really responsible. The traditional forgotten sponge is the villain in the story of many such cases.

To paraphrase a representative court ruling:

"The defendant, a surgeon, contends that no liability rests upon him on account of the sponge that was left in the abdomen of the patient. He claims that the duty of

counting the sponges used was imposed upon the attendant nurse in the employ of the hospital where the operation was performed. Since the onus of making a correct count rested upon the nurse, the surgeon contends that he is relieved of liability for her error.

"Such a defense is invalid. Surgeons can not relieve themselves from liability for a forgotten sponge simply by adopting a rule requiring an attendant nurse to make a proper count and then relying on it as conclusive evidence that all sponges have been accounted for."⁸

True, a few jurisdictions have ruled to the contrary. However, most courts sustain the decision cited.

Assuming that instructions have been properly and adequately given, is a doctor liable for negligence on the part of a nurse or other hospital employee in caring for a patient during the doctor's absence?

Generally, no. For example, a nurse at a Pennsylvania hospital left a hot water bottle in a patient's bed following an operation. The patient was burned. An attempt was made to hold the attending surgeon liable under law. The court pointed out that the patient had paid the hospital for the services of the nurse and, consequently, the surgeon was under no duty to supervise her work. Hence, he could not be held responsible for her forgetfulness.⁹

However, when an untrained person is entrusted with the care of a patient in his home, the doctor is obligated to give more explicit instructions than he would if the patient were hospitalized. If an untrained nurse were to harm a pa-

tient because she had not received sufficiently explicit instructions, the physician would in all probability be held liable.

¹Moulton vs. Hucklebury, 46 Pacific Reporter, second series, 589. ²Aderhold vs. Bishop, 221 Pacific Reporter, 752. ³Moore vs. Lee, 211 Southwestern Reporter, 214. ⁴Manley vs. Coleman, 19 Ohio App. 284. ⁵Morey vs. Thybo, 199 Federal 760. ⁶Jett vs. Linville, 259 Southwestern Reporter 43. ⁷Lawson vs. Crane, 74 Atlantic Reporter 641. ⁸Spears vs. McKinnon, 270 Southwestern Reporter 524. ⁹Stewart vs. Manasses, 90 Atlantic Reporter 574.

KOBER MEDAL TO PARK



Keystone View

One of the most coveted awards in medical research, the George M. Kober medal, was presented to William H. Park, M.D., during last month's convention of the Association of American Physicians. Dr. Park, founder of New York City's public health laboratories, made the first diphtheria antitoxin in this country in 1894.

STATE MEDICINE NEARS

PART V

What's new on the sickness insurance front? This article reveals the names of the states in which sickness insurance legislation has been introduced, the prospects of such legislation this year, steps being taken by medical societies to oppose sickness insurance, pitfalls in the proposed national and state laws, and the results of a survey of medical opinion on the subject.

BY WILLIAM ALAN RICHARDSON

IF SOCIALISTS AND COMMUNISTS had grounds for a May Day demonstration this year, so had those who bear the standard for state medicine.

By May 1, compulsory sickness insurance legislation had been introduced in the United States Senate and in the following states: Massachusetts, New York, Pennsylvania, Rhode Island, and Washington. The last two states mentioned are the most recent additions to the list.

The possibility of any of these bills being passed this year is remote. Nevertheless, medicine cannot afford to relax its vigilance—for two reasons: (1) The calendar of sickness insurance bills is growing. (2) Their reintroduction next year is inevitable.

As an illustration of what several alert state associations are doing to forestall sickness insurance, consider the activities of the Medical Society of the State of Pennsylvania. There, full use has been

made of every facility for educating the public in general and for opposing the state's sickness insurance bill in particular. As examples:

1. The Pennsylvania society is employing paid canvassers (physicians) to enlighten the laity.

2. Through the medium of medical men and allied groups, more than 30,000 copies of Walch's *On the Witness Stand* (questions and answers on sickness insurance) have been distributed.

3. In much the same way, 50,000 copies of a leaflet on sickness insurance costs have been brought to the attention of employers and employees.

4. Some 10,000 petition forms for voters to sign have been sent to physicians throughout the state.

5. A sickness insurance dialogue has been prepared for presentation before lay groups.

6. Reprints of the state sickness insurance bill and reprints of a summary of the bill are offered by

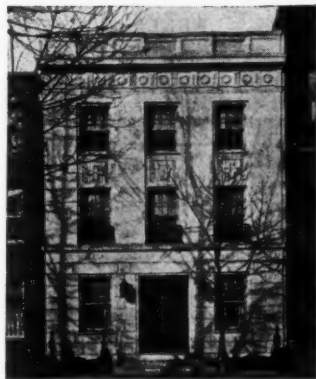
the society to all physicians in the state.

7. Each issue of the *Pennsylvania Medical Journal* contains up-to-the-minute facts interpreting what is going on in the field of sickness insurance and setting forth timely plans of action (seventeen pages in the April issue were devoted to the subject).

The physician-canvassers referred to are employed for the specific purpose of (a) contacting society members who cannot be reached in any other way; (b) interviewing society members who belong to service clubs or are employed by industrial concerns in outlying districts; (c) arranging for accredited speakers to talk before women's clubs.

It is likewise the duty of canvassers to distribute the petition forms mentioned. Says Dr. Walter F. Donaldson, alert secretary of the state society, in a letter to canvassers: "If every physician you call upon will accept five of these petition forms and obtain the signature of one local voter on each and forward it to his county society secretary, what an influential list of bona fide petitioners we will soon have! In Dauphin, Delaware, Montgomery, Schuylkill, and thirty other counties, your co-workers have already obtained hundreds of such agreements from voters, authorizing the use of their signatures."

"Needless to state," adds Dr. Donaldson in his letter, "you should thoroughly familiarize yourselves with the booklets and leaflets in which you are attempting to interest others. If you have at the tip of your tongue a few of the most convincing facts, not theories, which you may readily absorb by care-



Headquarters and library of the Medical Society of the State of Pennsylvania.

ful reading and rereading of the material passing through your hands, you will have little difficulty in arousing the interest of those approached by you who have no knowledge and therefore no interest."

That the work of Pennsylvania's M.D.-canvassers has been productive is indicated in the reports made by a number of these men to headquarters. Says one: "The society members I saw today were only too willing to get signatures." Says another: "At least 75% of our men are cooperating with us in some particular. Their legislative letters of protest, signed by lay persons, are coming in every day." Another: "As a rule, I was received cordially, and all but one or two promised cooperation." Still another: "Thus far, reaction encountered has been excellent."

Canvassers are required to submit individual report cards every two or three days. At the same time, summary report forms are kept and

WHAT SICKNESS INSURANCE WOULD COST IN THE UNITED STATES*

Weekly Wages	Deducted from Worker			Paid by Employer			Total Annual Payment of Worker and Employer
	%	Weekly	Yearly	%	Weekly	Yearly	
\$10.00	1%	\$.10	\$ 5.20	3½%	\$.35	\$18.20	\$23.40
20.00	1%	.20	10.40	3½%	.70	36.40	46.80
30.00	2%	.60	31.20	2½%	.75	39.00	70.20
40.00	2%	.80	41.60	2½%	1.00	52.00	93.60
50.00	3%	1.50	78.00	1½%	.75	39.00	117.00
60.00	3%	1.80	93.60	1½%	.90	46.80	140.40

forwarded on request to the trustee in each canvasser's district.

The petition forms, on which each voter is asked to write his signature, address, and occupation, are worded as follows:

My friend and family physician has explained to me the threat of legislation pending in Pennsylvania proposing laws socializing medicine by some insurance scheme.

I believe that I should be permitted to consult the physician of my choice. I believe that neither social workers nor political appointees should influence the practice of medicine. I believe that the present educational standards required of those who practice any form of sickness service in Pennsylvania should not be lowered in any manner. I believe that the state has a sufficiently important present responsibility, namely, its duty to the ill of the indigent class. I feel that I should have reserved for me the right to enter into such relationship with my family physician as I deem wise to make. I believe that the medi-

cal society of my own county and the Medical Society of the State of Pennsylvania, of which my personal physician is a member, should be the voice to devise and control medical service plans which may best be coordinated with the involved economic and social problems.

For these reasons I authorize your use of my name in contacting my duly elected representative in Congress at Washington or in the legislature at Harrisburg.

The sickness insurance dialogue has been presented so far this year to several hundred industrial, social, church, Grange, and other organizations. It embraces 28 commonly expressed questions about sickness insurance, followed by succinct, eye-opening answers.

A torrent of general criticism has been directed against the various sickness insurance bills. But of specific criticism, based on actual reading of the bills, only dribblets have been heard.

*Figures are based on rates specified in currently proposed national and state sickness insurance legislation. (Tables similar to these appear in the booklet illustrated on page 29.—Ed.)

More than two years ago, in February, 1935, MEDICAL ECONOMICS published an expose of the so-called "Epstein Bill," from which the present federal sickness insurance bill (S. 855) and most of the state bills have sprung. Another analysis, still more searching than the first, appears herewith.

Since S. 855 was quoted at length in the April issue, there is no need to report it further from a *factual* standpoint. What follows is an *interpretation* of the pitfalls in the bill.

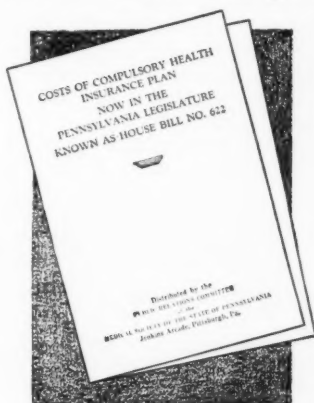
S. 855 and most of the state sickness insurance bills stem from a common source. Hence, virtually everything said in the remainder of this article about the national bill holds true for the state bills.

Together, the national and state acts are supposed to provide a system of socialized medicine under which all persons earning less than \$3,000 a year would receive essential medical services and cash benefits for loss of income by illness.

The fund for the support of the system would be made up of contributions from insured employees, their employers, and the state. In other words, the idea behind S. 855 is to provide a federal subsidy to

states which enact sickness insurance laws patterned after the proposed national law.

Should the Epstein Bill be adopted nationally, about 95% of all non-agricultural employees would be covered, its sponsors declare. Hence, an overwhelming ma-



majority of physicians would assume the role of government hirelings. Private practice, except among farm workers and the well-off, would cease to exist. Before long the family doctor might be expected to achieve the status of a museum piece.

[TURN THE PAGE]

ANNUAL COST OF SICKNESS INSURANCE TO THE EMPLOYER OF THREE OR MORE*

Weekly Wages	10 Employees	50 Employees	100 Employees	500 Employees
\$10.00	\$182.00	\$ 910.00	\$1,820.00	\$ 9,100.00
20.00	364.00	1,820.00	3,640.00	18,200.00
30.00	390.00	1,950.00	3,900.00	19,500.00
40.00	520.00	2,600.00	5,200.00	26,000.00

Any physician who objected to government interference and refused to sign up under the sickness insurance system would find his field for private practice reduced to less than a quarter of what it now is.

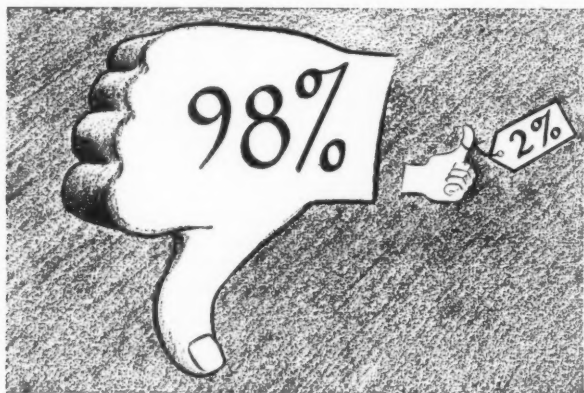
Lay domination of the medical profession is assured if proposed sickness insurance laws go into effect. S. 855 provides for a federal health insurance board consisting of three men. There is nothing to indicate that any one of these men would be a physician. On the other hand, there is ample indication of

the fact that this board would wield broad, dictatorial powers.

The act enables the board "to make all such rules and regulations as may be required for the administration and enforcement of this act, and to amend and modify any of its rules and regulations as it may find necessary or desirable." What more sweeping authority could be asked?

In any disagreement as to the sickness of a patient or the amount of care needed, ultimate judgment would rest with the laymen in charge. These men would have it in

HOW 4,246 PENNSYLVANIA PHYSICIANS VOTED ON COMPULSORY HEALTH INSURANCE



The 8,350 members of the Medical Society of Pennsylvania were given an opportunity on March 27 to express their attitude on compulsory health insurance. By May first, 4,246 physicians, or 51% of the society's total membership, had replied. A total of 98% voted against health insurance; 2% voted for it. The questionnaire card was worded as follows: "I herewith express my ☐ approval ☐ disapproval of the principles as well as the proposals of compulsory health insurance, as set forth in House Bill No. 622, now in the Pennsylvania legislature." (Those who replied gave their name, town, county, and date.)

their power to determine what lines treatment should follow and to limit arbitrarily the number of calls that would be paid for in given types of cases.

Merely as a gesture, it would seem, S. 855 provides for a federal advisory council. In the words of the act, the council "shall consider and shall advise the Board on all matters connected with the administration of the act submitted to it by the Board and may recommend upon its own initiative such changes in the administration of this act as it deems necessary."

Perhaps the framers of the bill feel that they deserve a vote of gratitude for their generosity in allowing the advisory council to recommend changes. Most physicians, however, have had their fill of recommendations. They know only too well from experience that the privilege of recommending means little more than the privilege of talking to a blank wall.

Even if the advisory council were permitted any authority, it would mean little from the standpoint of the medical profession, since no more than three of the twelve members of the council could be (and probably only one or two would be) physicians.

In innumerable ways, the confidential relationship between physician and patient would certainly be disrupted. To cite just one instance: Every physical disorder would involve a government record, open to the inspection of hundreds of government employees. How long it would take, therefore, for Mrs. Smith's operation to become public property can readily be imagined.

The method of remunerating physicians, as provided by S. 855, is

hopelessly vague. Three possible modes are suggested, although the act adds that "any combination or modification of the system as stipulated" may be adopted. If a physician were unwilling to submit to the schedule of fees offered, his only alternative would be to give up his panel.

"Controversies with respect to . . . the remuneration of those furnishing medical benefits, the adequacy, quality, and extent of the medical benefits," says S. 855, "shall be determined by a local public officer." After a hearing on written charges, the act also points out, any physician may be removed by the laymen in charge.

Despite unfavorable European experience with cash benefits, such benefits would be paid under the American health insurance system, if adopted. S. 855 even provides cash maternity benefits. According to the terms of the act, an employee making \$30 a week would pay in exactly one-third of the amount contributed by the \$60-a-week employee. Yet both would receive the same amount of cash benefits.

One of the most glaring deficiencies in both the federal and state sickness insurance bills is that they make no attempt to solve the problem of supplying medical care to the indigent. Even in the face of the tremendous expenditures necessitated by a sickness insurance scheme, physicians would still be obliged to shoulder the responsibility of giving free medical care to those unable to pay.

S. 855 provides that Congress shall appropriate *annually* the sum of \$200,000,000, to be apportioned among the states to *aid* them in maintaining adequate systems of

health insurance. Note that this is an annual appropriation and that it would by no means cover the entire cost. Even to a government that tosses around million- and billion-dollar appropriations as freely as the average man tosses a coin, the operating expense of a national sickness insurance system would loom uncomfortably large.

And where would the money come from? A study just released by the Twentieth Century Fund reveals that every man, woman, and child in the United States bears a tax burden of \$100 a year (and there are 4.1 persons in the average family). To attempt to support a sickness insurance system on top of this would be to invite grave economic imbalance.

The health insurance commission provided by S. 855 would be empowered to construct hospitals, clinics, and laboratories at its discretion. Past experience with laws of this kind give no precedent for believing that a policy of temperance and good judgment would be followed. Even if the commission were conscientious enough to withstand temptation on that score, it would still have little chance of holding out against political pressure brought to bear by groups anxious to profit from the erection of elaborate hospitals and other medical facilities.

Double taxation is apparent, too—all along the line. The employee would first pay a tax on his salary. He would then have to pay a higher price for everything he bought because employers would have had to raise retail prices to absorb the tax levied on them. Supplementing that, the employee, as a taxpayer, would have to pay his share of the con-

tribution made by the state.

In Pennsylvania alone, it is estimated that the annual sickness tax would exceed \$200,000,000. Pennsylvania's state medical society has a total of 8,350 members. Its medical economics committee declares that under a state sickness insurance system a *minimum* of 8,000 new state, county, and district employees would be needed to administer the service.

True, none of the national or state sickness insurance acts has yet become law. It is the duty of every physician, however, to be familiar with the dangers inherent in these laws so that he can make his influence felt whenever the occasion arises.

No greater injustice could be perpetrated on the American people. Sickness insurance, as now proposed, leaves the door wide open to mismanagement and to deterioration of the quality of medical services.

"THE MEDICAL PROFESSION presents a thousand and one arguments against socialized medicine, all of which appear tenable, but to us the greatest objection is the increasing burden placed upon employee and employer through a direct payroll tax on both, coupled with the creation of a gigantic bureau... which the party in power would adopt as a part of its political machinery."

—Punxsutawney (Pa.) *Spirit*

OF COURSE, the money to support this plan [compulsory health insurance] comes from pay-envelopes. . . If this goes on, all the worker will get each day is an envelope with a statement inside. He can't eat the statement.

—Lewiston (Maine) *Journal*

"DR." SIMS, PROFESSIONAL HOODWINKER

"Forget sheer medicine once in a while," counsels an experienced program chairman in "How to Get Them to Meetings" (April issue, page 74). A few societies have done just that by presenting specialists like "Dr." Sims, dispenser of sheer medical nonsense. This report of an interview with the masquerader approximates one published recently in the New York World-Telegram.

BY JOSEPH MITCHELL

"DR." WILLIAM STANLEY SIMS, a former accountant, has made his living since 1927 by masquerading at banquets and conventions as a distinguished foreign physician, financier, industrialist, or military officer. He says that physicians usually suspect he is faking quite early in a speech. However, he once addressed a convention of nerve specialists for 25 minutes before they caught on.

Sims is a bald, talkative, uninhibited person who never uses one word where three would do. He usually appears at banquets as a guest of honor, and is so used to wearing spats, striped trousers, and a monocle that now he affects them practically all the time.

This glib poseur enjoys a comfortable income from the fees he gets for delivering spurious lectures. He has appeared before such diverse organizations as the Bronx (New York) Landlords Protective Association and the Rotary Club of East Liverpool, Ohio.

"Doctors usually are the hardest

people to fool," he claims. "I delivered a speech on something I called 'human congestion' at the 1935 convention of the New York State Medical Society. I was supposed to be an eminent foreign specialist.

"I had a lot of medical apparatus on the platform, and I used it to explain my points. In my speech I said just the opposite of practically everything medical science accepts. Soon the doctors began turning to



The "nerve specialist."



Minus the beard.

each other, saying, 'What's this fellow talking about? He's got everything balled up.' Some of them didn't catch on for a long time, but many of them sensed right away that it was funny business.

"However, when I delivered an address on neurosis before the New Jersey Neurological Association last summer, they listened to me with respect for 25 minutes. I was introduced as a distinguished nerve specialist from the University of Vienna. Usually at such affairs I am preceded by two or three men who deliver perfectly genuine speeches.

"Only a few of the listeners at a banquet, usually the entertainment committee, are aware that I am fooling, but I either expose myself or am exposed by someone else before I finish the engagement.

"Sometimes, however, I leave without people realizing that I am just a plain citizen. For example, an executive of a ship-building concern engaged me to appear as a

German navy official at a dinner for American naval officers after the Army-Navy game of 1934. I had read up on naval affairs before I lectured, and I mystified the officers completely. When they asked questions which baffled me, I said, 'I am under strict orders not to discuss that point.' I was later invited to tea by about 25 of the ladies present.

"I was encouraged to enter this highly specialized field by the possession of unprecedented gall and by the encouragement of several dramatic authors and a goodly



He views with alarm.

number of my friends," he declares.

"In an address I usually incorporate stuff about local conditions or personalities. Before the meeting I get somebody to tip me off. That goes over big."

IT HAS BEEN estimated that physicians are idle between one third and one half of their working time.—*Abraham Epstein, in The New Republic.*

WHEN YOU'RE AWAY

Whatshappening to my practice? Not a typographical error, but a 26-letter word for a form of worry guaranteed to spoil any doctor's vacation. The antidote: an adequate arrangement for having your practice taken care of during your absence. Two physicians, both experienced vacationists, describe their methods.



DR. C. L. FELCH, of Boston, has maintained a successful practice for thirty years. Regular vacations have done little, if anything, to damage that practice. Here's the explanation:

"First, I choose what experience has shown to be my slackest period—namely, the month of August. A great many of my patients are away at that time.

"Then, I get in touch with two colleagues—trusted friends. I notify them that I am about to depart for a month's vacation, that they will get all calls coming to my office during that time. Before I leave, I make a point of discussing with them such patients as need more or less constant care or special attention.

"All payment for work done by my substitutes while I'm away goes to them. My secretary, who lives at my home-office in my absence, is always on hand to refer patients to these colleagues, whose names, addresses, and telephone numbers she has on hand.

"A month before I go away, I

either write to or telephone my active patients. I tell them that I'm going to be out of town between such and such dates; that if they wish to see me before I go, I shall be glad to have them call at the office; and that, otherwise, I wish them good health in my absence.

"Patients who will need attention while I'm away are advised whom to call. If necessary, I make arrangements for their admittance to a hospital. Before leaving, of course, I talk over such cases with my substitute physicians.

"A word or two more about these colleagues who substitute for me: I have taken special care to choose doctors whom I would want to treat my own family. Generally speaking, their fees are determined in accordance with my recommendations. They explain carefully to my patients that they are treating them as a courtesy to me; that although they are to receive the fee involved, I am still the patient's physician. It is made clear to my people that they are expected to return to me as soon as I get back.

"My patients soon become accustomed to these vacation arrangements. Apparently, they approve. At any rate, with rare exceptions, they come back.

"Two other wrinkles are worth mentioning: (1) While I'm away, I write to as many of my patients as possible, letting them know that I am thinking about them; (2) when vacation is over and I am

once more at my office, I inform them of my return."

A Texas physician tackles his vacation problem a little differently. Let him tell you about it in his own words:

"For several years I tried having a colleague from my own community look after my practice while I was away. It may have been due to a bad choice on my part, but the arrangement proved unsatisfactory. I discovered in all too many instances that I lost patients to the man who was supposed to have protected my practice for me.

"I have never regretted deciding after that to secure my substitutes from out of town. For one thing, their interests are not divided between two offices; for another, they are apt to be more on their mettle than a local man and, consequently, render more careful and complete service.

"It's not difficult to secure an out-of-town man. I simply keep a list of physicians mentioned in my journals throughout the year as being desirous of temporary practice. Then, a few months before my vacation is due, I drop a line to these prospects. Their replies are, I find, a pretty good indication of the kind of men they are. Furthermore, it's easy enough to check on the qualifications they ascribe to themselves. My letter to them asks where they were born and raised, where they went to school, and to what church they belong. Any applicant worth considering answers such questions. Thus, I am enabled to query the authorities at a prospective substitute's medical Alma Mater about his qualifications—suitability for my type of practice, character,

school record, etc.

"Recent graduates who are as yet undecided about where they wish to locate are usually happy to have an opportunity for temporarily taking over the reins of an established practice. And I have found them well qualified to do so. Furthermore, young physicians have a lot of bounce. They are not prone to discouragement when, on occasion, my patients refuse to be taken care of by them.

"Incidentally, no locum tenens of this type has ever used the opportunity to start practice with some of my patients as a nucleus. Perhaps I've been lucky. At any rate, I believe the gamble worth taking.

"My substitute is compensated on a percentage basis. I instruct my secretary to pay him half the fees collected for services he renders in my absence. His share of payment for any work done by him, which comes in after I am back in the saddle, is forwarded to him. By paying him a percentage instead of a salary, I create an inducement not only for him to maintain a C.O.D. basis but also to give the most complete and satisfactory service he can.

"I pay all overhead expenses—rent, telephone, laundry, and secretary. I'd have to pay them even if there were no substitute in my office. I find that my share of the fees earned by the locum tenens is just about enough to enable me to break even on the cost of maintaining my office while I'm away.

"Of course, my summer substitute takes care of his own living expenses. For years I helped my men to locate a place to room and board in the right neighborhood and at the right price. But last sum-

mer my wife and I decided to let the substitute and his wife live in our home while we were away. The arrangement proved extremely satisfactory. With someone in the house we worried less about robbery. Incidentally, too, the lawn was kept mowed. Of course, the tenants paid their own gas, electricity, and telephone bills.

"It so happens that I have had a different locum tenens each year. However, that is because the same man has not been available the next year, not because of any unwillingness on my part to have him again.

"I always arrange to have my substitute arrive on the scene at least three or four days before I depart. That gives me time to introduce him to a fairly representative number of patients and to get him oriented generally. Together we go over the patients whose current course of treatment is to extend beyond the date of my departure. That not only familiarizes the new man with my handling of a particular medical problem but also builds up the patients' confidence in him.

"My secretary takes her vacation at a different time than I take mine. Thus, there is always someone in the office who is acquainted with the business aspects of the practice. Furthermore, the secretary gives a good deal of assistance to the new man. She introduces him to patients whom he has not already met; and because she knows most of my people, she does a lot to create confidence in him.

"While I'm away, there is always some slackening in patient traffic. That gives the secretary a chance to catch up on detail which she may have had to let slip. In-

valuable, of course, is her listing of new patients who call in my absence and of old ones who prefer not to be treated by my substitute and want to wait until my return.

"As to sending out announcements of my departure—I stopped doing it several years ago. I found that they curtailed practice for the man I left behind me. However, I do mail cards announcing my return."

'ROUND THE WORLD



Wide World

"See you later," said Dr. Reginald D. Margeson, of Boston, starting on May 4 from the Newark Airport on the first globe-circling flight over regularly-advertised commercial air lines. The trip called for 25,307 miles of flying, nineteen days' time, and \$2,400 in fare. Dr. Margeson had planned to finish his jaunt on the ill-fated Hindenburg.



EDITORIAL

AN UNANSWERED QUESTION

PHYSICIANS WHO KNOW *from experience the value of economic preparation, have urged repeatedly that courses in medical economics be included in the medical curriculum.*

With what result?

A few progressive colleges have taken the suggestion to heart. Yet, on the whole, it has been ignored.

Out of 77 Class A medical schools questioned by the editors of this magazine, only ten give a regular course in medical economics. Nineteen others offer occasional lectures on related topics. Forty-eight, or over 62%, ignore the subject entirely.

That a demand for such instruction exists, is shown by the enthusiastic registration wherever such courses are offered. The medical student today is anxious to be prepared. He realizes that many fine physicians have been submerged by economic forces they did not understand.

Two years ago, 41 out of 57 medical schools queried by the Philadelphia County Medical Society agreed that comprehensive training in medical economics would make the physician a greater asset to his community. Yet scarcely anything has been done to make this training generally available.

A course in medical economics will not transport the

tyro to Utopia. He will still have to face the lean, early years of practice and experience the painful process of waiting for his office bell to ring.

At least, however, he will understand what is happening to and about him. The business side of his office will be efficiently run. If he prospers, he will know how to invest his savings wisely and how to secure himself against disability and old age.

In his relationship with the rest of the profession, too, the influence of economic knowledge will be felt. He will recognize the importance of strong, militant organization to further the interests of medical men as a whole. He will refuse to be swayed by the winds of spurious social theory.

To have practical value, a course in medical economics should cover personal as well as general questions. The student is not interested primarily in abstract economic theories. He wants practical training that will help him.

Nor do occasional lectures suffice to acquaint the student with the economic forces governing medical practice. A full year's course should be the absolute minimum.

Seven years ago this magazine found out by inquiry that six out of 72 schools were giving courses in medical economics. Today, the percentage is not appreciably greater.

The country's private practitioners have good cause, therefore, when they ask the medical schools: "How about it?"

H. Sheridan Baker

IN THE MODEL-KITCHEN

THE SERIES OF MILESTONES which mark woman's emancipation includes not only the right to vote, smoke, and sit in a barber's chair.

There's the model kitchen, too.

And unless we miss our guess, it's dearer to the heart of the present-day housewife than all her previous inheritances rolled together.

No wonder, either. This shining example of the home designer's art saves her 2,462 steps a day, plus a bridge game's worth of time and energy.

When experimenting with that cake recipe Aunt Harriet gave her, she needn't budge an inch. Stove, sink, refrigerator, and cabinets are within easy reach. She can complete the job standing in one spot.

Don't begin to wonder at this point whether you're reading *Good Housekeeping*. You're not.

And all this *does* concern you as a physician.

Here's the point:

Model-kitchen planning and laboratory planning have a lot in common. But it so happens that the former has progressed further.

Some time ago Dr. Laurence Mayers, of Chicago, decided that an architect who had drawn up plans for a number of successful model kitchens could do an equally good job of planning his new laboratory (and office) in the Pittsfield Building. Now he's sure of it.

Six months' experience with his present laboratory layout have convinced him of its practicability. Says he: "Work in a laboratory is exacting. It permits no division of attention. If the worker must stop to hunt for a bit of equipment, his mind is diverted and efficiency is



MANNER

impaired. In a laboratory, especially, there is need for application of the old rule, 'A place for everything, and everything in its place.'"

Though your own laboratory may, perhaps, be smaller than Dr. Mayers', the problem of layout and arrangement is essentially the same.

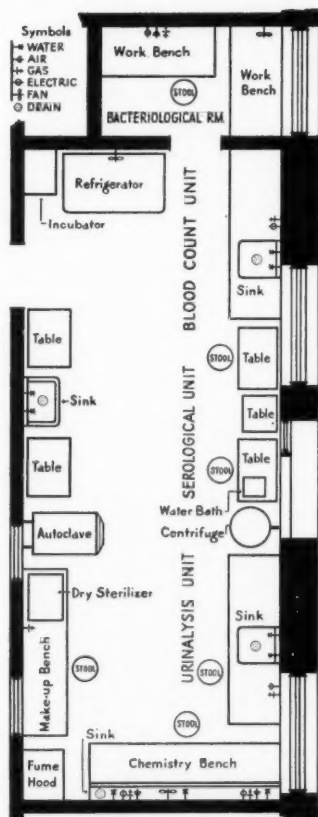
Take a look at the accompanying floor plan. Three features are outstanding: (1) effective utilization of space, (2) coordination of equipment into convenient units, (3) efficient placing of heat, light, gas, water, air, and electric outlets. These factors are well worth study if you're planning a new laboratory or a rearrangement of your old one.

Dr. Mayers' laboratory has been so appointed that every facility essential to a given procedure is concentrated in one place. When working at the chemistry bench, for instance, it is not necessary to bob up every five minutes to look for something. All reagents are on shelves above (see cut); all glassware is in cupboards and drawers in the bench.

Equipment is disposed with an eye to how often it is used. Often-used pieces are most accessible; and vice versa.

Thus, the refrigerator is located near the door of the room. From it the doctor can readily secure vaccines and other materials necessary for the treatment of patients in adjoining rooms.

The autoclave is within easy reach of both make-up bench and sink. It is in a strategic position



(1) to receive bacteriological test tubes, plates, and other items which require sterilization before handling, and (2) to yield them up later for washing in the sink.

Similar points might be made regarding the convenient arrangement of the other equipment. But the floor plan illustrated speaks for itself.

The housewife with her model kitchen has nothing on Dr. Mayers. How about you?

CANADA CASTS THE DIE

A red-letter chapter in the history of Canadian sickness insurance is being written while you read these words. Its potential effects on medical practice in the United States make it required reading for every American physician. Three months ago MEDICAL ECONOMICS commissioned one of Seattle's leading medical men to go to Canada and initiate a first-hand study of sickness insurance there. Close application and a number of helpful connections have enabled him to present the first comprehensive analysis of the situation published in this country during 1937. A preliminary report, completed on April 1, appeared in the last issue. The main report, completed on May 1, follows:

ONE OF THE MOST unique incidents in medical annals is destined to take place on June 1, 1937. By means of a plebiscite, voters in British Columbia will answer the question, "Do you favor a comprehensive plan of health insurance, progressively applied?"

Since this is the first time the people of any territory have been asked to vote for or against state medicine, and since British Columbia is the bell-wether in the Canadian sickness insurance movement, the outcome of the plebiscite will be watched with keen interest by physicians in both Canada and the United States.

No less interesting than this plebiscite are the events which have lead up to it. Let us turn back for a moment to 1929.

During that year in British Columbia a Royal Commission on State Health Insurance and Maternity Benefits was appointed. This commission plunged immedi-

ately into an elaborate investigation. Three years later its final report was released. It urged the early establishment of a state-controlled sickness insurance scheme.

The British Columbia Medical Association analyzed this report and formulated certain principles which it felt should be incorporated in any scheme for the preservation of adequate medical service. These principles called for free choice of physician and distribution of the financial burden among three groups: the state, the insured, and industry.

The scheme finally proposed in British Columbia is credited to the efforts of G. M. Weir, provincial secretary and doctor of philosophy. Dr. Weir has long been interested in sickness insurance from an academic standpoint. In 1934 he sent an unofficial questionnaire to the medical men of the province, asking if they would approve a plan to give medical care to people of



PATIENT TROUBLE

low incomes,' to indigents, to dependents, and to those not otherwise provided for. As might have been anticipated, the answers to the questionnaire were largely in the affirmative.

Following the questionnaire of 1934, a plan was suggested which provided for the specific groups mentioned. It contained all the elements suggested by the medical profession and was pronounced ideal.

HEALTH INSURANCE COMES TO THE GENERAL HOSPITAL



Cartoons by Jack Foothe, Vancouver Province

The financial burden of caring for the indigent was to be borne by the province. The other costs were to be distributed among the respons-

ible parties.

Not until this proposition reached the legislature did the fur begin to fly. Then, tooth and nail, the legis-

lators went after it. They refused flatly to make the province financially responsible for the care of its indigents, thus ripping apart one of the best features of the plan.

After months of wrangling, what remained of the proposition was welded into a compulsory sickness insurance bill. This measure became law in March, 1936, and a health insurance commission was set up to administer it, under the direction of Dr. Allon Peebles, doctor of philosophy and friend of the provincial secretary.

Shortly after its organization, the commission began to hold hearings with various groups interested in the scheme. Among these was a committee appointed by the College of Physicians and Surgeons of British Columbia.

It was feared from the start that the commission did not sympathize entirely with the viewpoint of the medical profession. These fears were soon borne out. Members of the commission showed no interest in preserving the high standards of medical practice; nor did they intend, apparently, to furnish service to the groups most in need of it.

After many conferences, the commission announced its final plans on January 10, 1937. Disregarding most of the recommendations made by medical men, these plans called for the payment of general practitioners under a capitation or panel system and the payment of specialists by fees for services rendered.

Each general practitioner was to have a list of patients, from each of whom he would receive \$4 a year. In return, he would be expected to provide all necessary medical and surgical service, except (1) examinations requiring special instruments

and (2) some specialized forms of surgery. If the general practitioner did no surgery, he would receive \$3.60 a year per patient.

Obstetrics were to be paid for at the rate of \$24 a case. It was provided that 35c per patient would be set aside annually for this purpose.

Specialists were to be paid out of a pool, an adjustment being made so that the size of the specialist's fee would depend on the amount of money in the pool. Sixty-five cents per patient per year was to be devoted to this fund.

An additional fund was also proposed, into which would be placed 50c per patient per year. This was to be used in an attempt to correct any inequalities revealed after actual operation of the plan had begun.

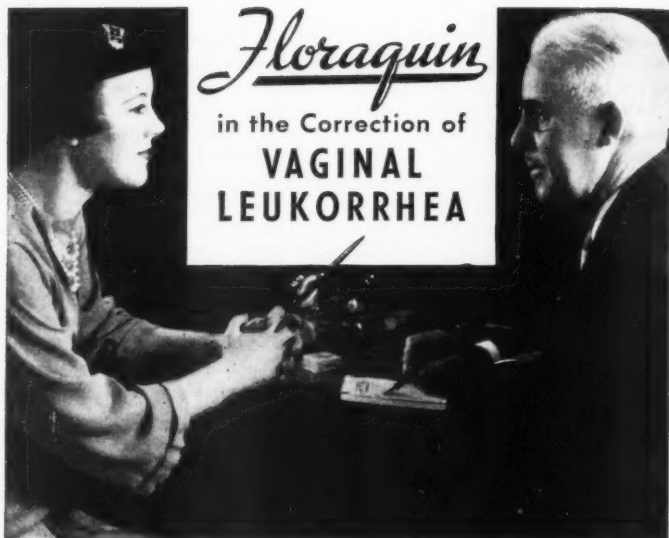
All in all, then, \$5.50 per patient was to have provided a full year's medical, surgical, and obstetrical service.

Benefits of the scheme were to apply only to those employed steadily at a salary of not less than \$10 a week nor more than \$1,800 a year. Contributions to the fund were to be made by insured persons and also by their employers.

No provision whatever was made for indigents or for those living on low incomes. Even part-time workers were excluded.

This discrimination against the groups most in need of medical service, plus the grossly inadequate remuneration of physicians, led to such serious criticism of the plan that doubts were expressed as to the feasibility of putting it into operation. (Collections were to have started on March 1, 1937.)

Throughout the negotiations with the commission, the medical pro-



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profession maintained a dignified silence. The committee from the College of Physicians and Surgeons was given full power to speak for the profession. When this committee received the final plans of the commission, however, it felt that acceptance or rejection was too important a decision for a small group. It therefore requested a ballot so that every member of the College might express his opinion. The response showed 612 out of 625 practitioners absolutely opposed to the plan.

On February 20, the commission issued a formal announcement that the scheme would not go into effect on March 1, as planned.

Following cancellation of the commission's program, considerable discussion ensued as to what the next step would be. Such discussion was tempered by the knowledge that on June 1 there would be a general election, when the present government, which had sponsored the measure, would stand for re-election.

The sickness insurance plan soon became a political hot potato. The Liberal party, in control, found itself in an embarrassing position because of the failure of the plan. The opposition, still feeling that considerable sentiment existed in favor of sickness insurance, feared to make it an issue.

At the time of this writing, the Canadian Commonwealth Federation, a Communistic organization, is the only group openly urging sickness insurance. In an adroit political move, therefore, which might be described as passing the buck, Premier Pattullo has referred the entire question back to the voters in the plebiscite already mentioned.

As the voters of the province cast their ballots on June 1, so, no doubt, will the attitude throughout the Dominion be determined for years to come. Meanwhile, action in other sections awaits the settlement of the British Columbia controversy.

The sickness insurance act of British Columbia has become the key to the entire situation in Canada. Its interpretation and the reaction provoked must be clearly understood in order to appreciate what further developments may take place in Canada and in the United States.

British Columbia is a highly progressive province, and its medical men comprise a forward-looking group who will welcome any measures calculated to further the cause of ethical medicine and to correct inequalities and injustices apparent in the existing system. It is not difficult, therefore, to understand the bitter disappointment felt by the profession when the sickness insurance act was so altered as to omit all the features so long anticipated.

The Canadian Medical Association has made extensive studies of sickness insurance. At the 1934 meeting in Calgary, it received a voluminous report from its committee on economics. This report contained not only facts but recommendations also, which the committee felt should be observed in the development of any actual sickness insurance scheme.

There have been some slight changes in these recommendations; but, fundamentally, the position of the Canadian Medical Association remains unchanged. It stands ready to support a plan which will incorporate its suggestions. These sug-

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gestions will no doubt be reiterated at the association's annual meeting in Ottawa this month.

While a number of people feel that the Dominion of Canada should support sickness insurance as a federal activity, it is not likely that any such widespread application will take place. If sickness insurance comes to Canada, it will come through developments in the individual provinces.

Although British Columbia occupies the spotlight in the theatre of Canadian sickness insurance, other provinces have also been articulate. No outright attempt has been made elsewhere to establish a scheme as in British Columbia; but in some sections such attempts are near at hand.

The Dominion of Canada is composed of nine provinces. These range from tiny Prince Edward Island, a little larger than our own Rhode Island, to enormous Quebec, nearly three times the size of Texas. There are, in addition, the Northwest Territories, bordering the Arctic Ocean, and the Yukon; but these areas are so sparsely settled that they are not politically significant.

The government of Canada is not substantially unlike our own, but the organization of the medical profession in most of the provinces is somewhat different. In six of the nine provinces there is a college of physicians and surgeons, established by law. These colleges include in their membership every licensed medical man in the province. In most cases the college has disciplinary powers. It is empowered to levy dues, to set qualifications for registration, and to own property.

The colleges usually look after the political and economic needs of the profession, while the medical societies—purely voluntary organizations—act in a scientific capacity. The medical societies are affiliated with the Canadian Medical Association and there is a movement on foot to designate them all after the fashion of Alberta, where the society is called Canadian Medical Association, Alberta Division.

Among those provinces afflicted with a difficult economic situation, perhaps the most unfortunate is Saskatchewan. There, state medicine has crept in through a back door left ajar several years ago when the legislature gave the municipalities power to raise funds for the employment of physicians. This was done in order to supply medical services to some outlying districts which could not have otherwise supported a doctor.

Since the depression, this type of practice has grown until there are now 68 full-time municipal physicians and sixty who devote part time to municipal practice. There are slightly more than 600 licensed medical men in the province. Physicians bid against each other for the contracts; and in many cases the loser is forced to abandon his location, since any patient who wishes may receive free service from the municipal physician.

Municipal doctors are under complete jurisdiction of the municipal council and may be discharged at any time with little or no cause. In some municipalities, breakdown of the tax structure has left the doctor unable to collect even the small salary contracted for.

Recently the legislature has es-

tablished a health service board to supervise medical contracts. This board may be able to correct some of the evils of the present system.

A survey has been made in Saskatchewan, looking toward the establishment of a province-wide system of sickness insurance. But the estimated cost of \$13,495,000 is too much to be raised by the system of taxation now in vogue.

Alberta has a sickness insurance act, but it has never been put into operation. It permits the establishment of sickness insurance in trial areas.

A complete service under the proposed Alberta system is estimated to cost \$14.50 annually per capita.

Taxes to support the scheme would be levied only on persons receiving an income.

It is estimated that there are, on an average, three non-earners in Alberta for each person with an income. Therefore, with the government paying two ninths of the cost and the employer two ninths, the employee would be left to pay five ninths, or about \$33.85 cents a year.

The plan has never been put into

effect, and, as now proposed, probably never will be.

Out of Manitoba have come and will continue to come valuable statistics on the costs of medical care. The Manitoba Medical Association was the first to recognize the need for accurate statistics and has kept such records for three years.

In Winnipeg and vicinity, indigents are provided essential medical care by the physician of their choice. The latter submits his reports and bills to a central committee which supervises both.

Fees are inadequate; office calls are \$1, tonsillectomies \$10, most major surgery \$25; and no doctor is allowed more than \$100 a month for service to indigents. Funds are provided by the local government.

The plan is admittedly incomplete and experimental, but it has provided some payment for the care of indigents and is providing excellent statistics for future reference.

In a recent official statement, Mr. I. B. Griffiths, minister of health for Manitoba, says, "The government is not prepared to introduce any legislation regarding health insurance unless the necessary statistical information is available, and will not do so without the advice of the medical profession in the province."

Prince Edward Island has a population of 88,000, including 71 physicians. It is perfectly satisfied with the present system and does not wish sickness insurance.

Nova Scotia is not at present troubled with agitation for sickness insurance and no official action by the government or the medical so-

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Tongaline

is advantageous to the rheumatic patient.

Write for details.

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IRON IN ITS MOST EFFICIENT SUBDIVISION

The absorption of iron into the blood depends upon many factors, not the least of which are patients' cooperation and comfort. OVOFERRIN, iron broken down into its most minute subdivision, is not only highly efficient in its assimilability; it is tasteless, odorless, stainless, non-constipating and non-irritating to the teeth, mouth, stomach and intestines.

Yet OVOFERRIN is "simple" iron—it does not contain complex compounds intended to mask or enhance the true effects of iron. It is held in its highly subdivided state by a protective protein colloid. With OVOFERRIN physicians can combine a wide range of medication to meet special requirements. Supplied in 11-ounce bottles. Dose—one tablespoonful at meals and bedtime with water or milk. Write on professional stationery for full size gratis sample.

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NEW BRUNSWICK, N. J.

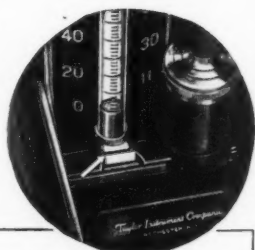
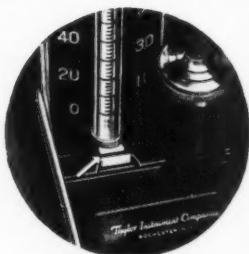


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MAKE THIS YOUR



Follow the arrows to the Tycos "Mercury Lock," the patented feature exclusive to this new instrument. Top at right, the "Lock" is closed. Mercury is kept safely in the reservoir until it is needed for blood pressure readings. In lower picture, the "Lock" is open. A push on the finger grip does it.



THE TYCOS GUARANTEE

There's a 10-year guarantee on the Tycos Mercurial. It covers breakage of case, and breakage or mechanical failure of any part of the instrument, except the inflation system. Includes free replacement of the glass tube. An unlimited time guarantee on accuracy applies as long as the Mercurial is used correctly.

The new Tycos Mercurial with modern refinements and developments. The smallest Mercurial made, yet it contains ample room for the inflation system. Calibrated to 260 mm.

NEW *Tycos* MERCURIAL

NEW MERCURIAL

...Beautiful to look at... Distinctive in design and construction... Ten-year guarantee against breakage... Unlimited time guarantee on accuracy

ONLY \$27.50 COMPLETE

EXCHANGE PRICE \$22.50

The regular Tycos Trade-In Plan applies to the new Mercurial. Take your old sphygmomanometer—any make or age—to your dealer and he will allow you \$5.00 on the new Tycos Mercurial. Here's the economical way to get the most up-to-date instrument available.

LET US emphasize just three points about the new Tycos Mercurial:

First, its smart modern appearance and rugged strength. The outside finish is something new and different. It does not finger-mark and is more durable. The case itself is aluminum, cast in one piece. The rolled-over edges add strength. This is the only Mercurial instrument completely guaranteed against breakage.

Second, there's a patented Mercury Lock, an exclusive development to prevent leakage.

Third, the guarantees. There's a 10-year guarantee against breakage. And an unlimited time guarantee on accuracy in normal use.

See this new brother to the Tycos Aneroid at your surgical supply dealer's. Taylor Instrument Companies, Rochester, N. Y., or Toronto, Canada.



The Tycos Mercurial case has a gorgeous black finish proof against finger-marks... rolled-over edges... a nameplate for your initials.

WITH 10-YEAR GUARANTEE

ciety is anticipated.

Miners constitute the largest organized group in the province. A workmens' compensation board takes care of their injuries; and, in most localities, arrangement has been made for a semi-voluntary scheme of partial care.

In one section 75c a month provides general care with minor surgery for the miner and his family. In other a slightly higher fee covers also major surgery and obstetrics. Indigents are hospitalized at the expense of the local government, but the doctor is not paid for services to this class.

The government of New Brunswick has given no attention to sickness insurance and does not seem likely to in the near future. The local profession displays more opposition to sickness insurance than is found in almost any other province.

There is an alms house commission in each parish which pays small fees for care of indigents if such care is authorized. Fees average about half the ordinary amounts.

In Quebec the government has

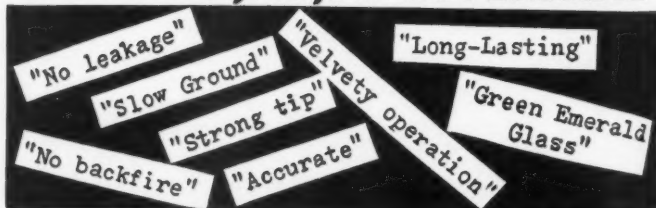
named a commission to study the situation. Reports from time to time stimulate discussion, but there has been no definite action. A recommendation not so long ago for the establishment of a voluntary plan, to be followed later by an obligatory plan, was not accepted by the government.

The medical profession has discussed sickness insurance at great length but has come to no agreement. At present the situation in Quebec presents a welter of cross currents with no group strong enough to dominate the situation. Crystallization of opinion one way or the other could take place with rapidity, however; so the outcome of British Columbia's plebiscite will no doubt wield a powerful influence.

The Ontario Medical Association is sponsoring the development, in three separate areas in the province, of a voluntary system of sickness insurance for employed persons. This plan is just now being put into effect so the details of its operation are not yet available. It is frankly an experiment and a statistical study.

Careful records are to be kept on cards punched for tabulating

a VIM Syringe is **DEPENDABLE**



"A Valuable Tool" **IN DIABETIC PRACTICE**

Your problems with diabetics are probably more numerous than with any other type of patient. You will find UVURSIN a treatment that will help you solve these problems.

Our faith in the efficacy of UVURSIN is based on favorable clinical reports received from physicians over a period of years. We do not ask that you measure your faith blindly with ours. We do suggest that if you will conscientiously prescribe a trial treatment, you will find it, as one physician wrote, "a valuable tool."

UVURSIN is an oral diabetic treatment in capsule form prepared for prescription purposes only. It is safe and easy to administer, and you may prescribe it with confidence.

For a free 27-day treatment of UVURSIN, write us on your letterhead or prescription form. A standard package containing three prescription boxes of capsules will be forwarded by insured mail without cost or obligation.

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UVURSIN

**An Efficacious, Innocuous
Oral Treatment for Diabetes**

machines. These machines will then be utilized in making an exhaustive study of sickness costs.

Indigents in the province are now cared for by the provincial welfare department, which furnishes 25c a month for each indigent person. Funds thus provided are administered by the medical relief committee of the Ontario Medical Association. Thus, the profession has retained some control over the care of indigents, and has managed to provide fairly adequate service with low cost of administration.

Throughout Canada, then, several methods of caring for groups of the population have already developed. None of these methods, however, is entirely satisfactory.

There is a surprisingly favorable

attitude among the profession toward limited forms of sickness insurance. But Canadian medical men will not tolerate any plan which does not give adequate service and provide for the maintenance of a high quality of medical practice.

The success of the profession in British Columbia in its insistence upon those principles has shown the way for the profession throughout the Dominion. Future events hinge so much on the outcome of the plebiscite in British Columbia that it is difficult to predict what may occur.

This much is certain, however: There has been steady growth of the idea of sickness insurance, and this growth will probably continue until every province has a certain measure of this type of practice.

If the plebiscite in British Columbia shows an overwhelming majority opposed to sickness insurance, the subject may lose much of its attractiveness to politicians throughout the Dominion. If, however, the people show a strong desire for it, added impetus to such plans will certainly be given.

In the event that Canada adopts sickness insurance on a broad front, we may look for further agitation in the United States. Little as we like the idea, we have to face the fact that there is already in this country a strong minority demand for some such scheme. In preparation of our defense, we must observe closely the operation of this type of practice elsewhere. Only by so doing will we be in a position to demand the inclusion of principles designed to preserve our present high standards of medical practice.

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IN ACUTE OR CHRONIC INFLAMMATIONS OF THE UROGENITAL TRACT

In Gonorrhea, Cystitis, Vesical
Catarrh, Prostatitis, Urethritis, Py-
ria, Pyelitis, Pyelonephritis, prescribe

ARHEOL (ASTIER)

Arheol is the purified active principle of
East Indian Sandalwood oil, freed from the
therapeutically inert but irritating sub-
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pure, standardized preparation with which
uniform results with identical doses may
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Early Diagnosis Better Prognosis

CHOLELITHIASIS, cholecystitis, any recurrent gastric irritation may produce direct or reflex localizing symptoms. Or again, symptoms may be of an obscure and indefinite nature, presenting a complicated diagnostic problem. And since early treatment is important—oftentimes imperative—the diagnostic information disclosed by radiography of the gall-bladder is invaluable.

Of the available diagnostic measures, none has so conclusively proved its accuracy and importance as cholecystography.

This radiographic method alone definitely demonstrates functional characteristics of the gall-bladder . . . reveals practically all types of calculi and deformations . . . discloses anatomical relationship of the organ to contiguous structures . . . differentiates between papilloma and diverticulum.

Especially where symptoms are vague, where the patient has experienced no characteristic biliary colic, is thorough x-ray examination by a radiological specialist advisable. Eastman Kodak Company, Medical Division, Rochester, N. Y.



THERE'S

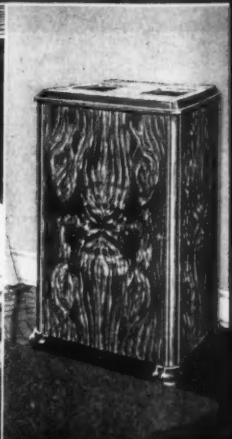
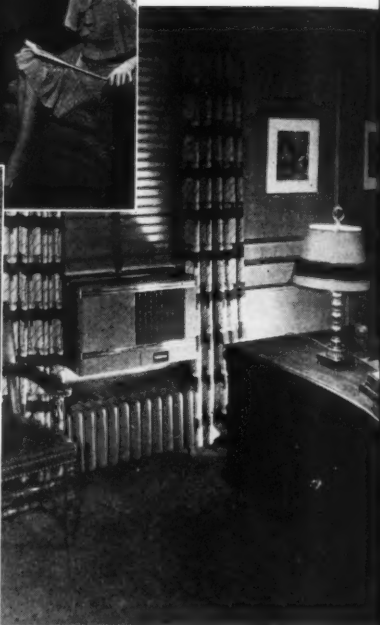
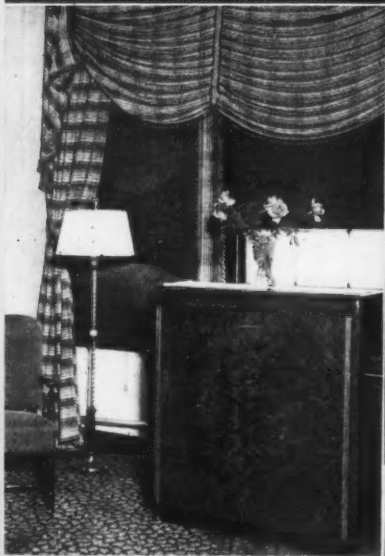
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SOMETHING IN THE AIR

"Shall I air-condition my office this year?" Physicians in growing numbers are now asking themselves that question. Here are the facts on which to base an intelligent decision.

HAD SHAKESPEARE OWNED an air conditioner, he would not so readily have dubbed the air "a chartered libertine." For in these days of conditioning apparatus, the air is subject to rigorous disciplining. It's filtered. It's heated. It's cooled. It's moistened. It's dried. And it's blown about. All in merciless, unending succession.

From the viewpoint of the physician what has air conditioning to offer? Or, to begin at the beginning, what is air conditioning? What types of equipment are available? How much do they cost? What are their advantages? What precautions should be observed when purchasing apparatus?

Broadly defined, air conditioning is the simultaneous control, within enclosures, of temperature, humidity, air movement, and infiltration. Its functions vary with climates and with seasons. At all times in

all locations it should (1) ventilate—introduce and distribute, without drafts, a continuous supply of fresh outdoor air; (2) purify—filter dust, soot, pollen, and other foreign matter; (3) circulate—maintain proper air motion. In cold weather it should (4) heat—maintain a comfortable and equalized temperature; (5) humidify—impregnate room air with sufficient moisture to offset harmful dryness produced by heat. In hot weather it should (6) cool—provide helpful relief from outdoor heat; (7) dehumidify—absorb excess moisture generated during hot, muggy weather.

There are three basic types of air-conditioning units—self-contained, remote, and central. Each has its peculiar limitations and advantages from both a functional and an economic standpoint.

Self-contained: As their name implies, these units contain within one cabinet all the apparatus necessary to the air-conditioning functions desired. They are designed to condition only one room. Most units of this type cool, ventilate, purify, and circulate air in the room they serve. However, some control heat and humidity as well.

A self-contained unit may be either air- or water-cooled. When air-cooled, it requires only an elec-

Simple to install, modest in their space requirements, are the various types of self-contained air conditioners (see opposite page). Yet they cool, purify, and circulate the air in the room they serve. Some control heat and humidity as well.

Illustrations courtesy of Westinghouse Electric & Mfg. Co., Carrier Corp., Air Devices Corp., General Electric Co., and Delco-Frigidaire (air-conditioning division of General Motors).

tric connection and must be placed in or near a window so as to get the air essential to its operation. Water-cooled units must be hooked up for water and drainage as well as for power. Obviously, air-cooled units are impractical for windowless inside rooms. On the other hand, water-cooled units may be less economical to operate, especially in localities where the water tariff is high or the supply limited. Neither type takes up any more space than the average side-wall steam radiator (see illustration).

The limitations of most self-contained units are functional. They don't supply A-to-Z air conditioning and, as already stated, they serve but one room at a time. However, they have distinct economic advantages. They are, on the average, the least expensive type of unit. When a salesman tells you that they have a 100% salvage recovery, he means that you can take them with you if you move. In an office already well-filled with equipment or furniture, these all-in-one-box weather producers take up relatively little space. And they may be removed or stored during the winter months.

Although it is possible to treat the air in several rooms with as many self-contained units, a remote or central unit may be more economical when the installation includes numerous rooms. (Only an air-conditioning engineer can tell you whether that will be so in your

particular suite).

Remote: With this type the renovated air is distributed throughout a room from a cabinet placed there, while the refrigerating mechanism (which may serve one or more room cabinets) is located in some remote place—a closet, for instance. Consequently, the room cabinet may be smaller than those holding the average self-contained unit. The room cabinet may stand on the floor or it may be suspended from the ceiling or wall. Obviously, as in the case of self-contained units, the so-called remote type has a high salvage recovery because only the refrigerant lines and wiring connections have to be left behind when your lease expires.

Economy can be effected when two or more rooms are being served because the air distributors in unoccupied rooms can be shut off. This type is often a logical choice when several rooms are to be conditioned.

Central: Here the air-conditioning apparatus (probably about the size of your furnace) is located either in the cellar or in its own special room. It transmits conditioned air through a duct system which taps the rooms to be serviced. The air flows through the ducts and spills into each room through a grill in the wall. This type is to be considered when three or more rooms are involved. The chief problem in connection with the central system is that the construction of

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Free sample to any
Physician on request.



Will Assist in the Treatment of Gonorrhea.

No. 117 is the Apron with a Suspensory.
No. 100 is the Apron without a Suspensory.

THE WALTER F. WARE CO., Dept. 110
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COOL YOUR OFFICE

for a few cents a Day!

This Frigidaire Electric Room Cooler wrings gallons of oppressive moisture from the air—equals the cooling action of 1300 pounds of melting ice daily

A COOL office makes the summer immeasurably easier—for you and for your patients.

A simple, practical way to enjoy summer cooling immediately is with a Frigidaire Electric Room Cooler.

It cools thoroughly without causing drafts—wings gallons of moisture from the air—and, if you wish, filters out dust and pollens.

Quiet, trouble-free—tested under every climatic condition—*there are more in use than all other makes combined.* And the Frigidaire Electric Room Cooler costs only a few cents a day to operate.

The Frigidaire Electric Room



Cooler is typical of the values offered by Frigidaire *Controlled-Cost* Air Conditioning—a means of providing any degree and kind of conditioning and of controlling the cost before you buy.

Don't suffer through another summer. Get the facts. Write or mail the coupon today.

It Pays to Talk to

DELCO FRIGIDAIRE

The Air Conditioning Division of General Motors

DELCO-FRIGIDAIRE CONDITIONING DIVISION

General Motors Sales Corporation, Dayton, Ohio, Dept ME-6

Please send me complete information about

☐ Frigidaire Controlled-

Cost Air Conditioning;

☐ Frigidaire Electric

Room Cooler.

Name _____

Address _____

your building may make the installation of the necessary ducts physically or financially impractical.

Any discussion of air-conditioning costs must be well-hedged with provisos. Equipment is sold at standard prices, but the type and size of equipment needed to serve apparently similar layouts is not standardized. Nor is there a rule of thumb to cover operating costs.

Here's a list of some of the factors affecting the ultimate price to you: construction of walls; the average population of a room; heat generated by electric lights, x-ray apparatus, etc.; number of windows and whether or not they are shaded; direction of prevailing winds; wage level of labor in local unions (plumbing, electric wiring, hauling, sheet metal, carpentry, etc.).

Easily understood is one manufacturer's statement that it is as impossible to strike an average estimate for air-conditioning one or more rooms as it is to originate an average shirt size to fit every potential purchaser.

However, asking that the variables cited be kept in mind, a number of leading manufacturers, in response to a request from MEDICAL ECONOMICS, have supplied indicative cost data.

A reception room can be conditioned with respect to ventilation, air purification, and circulation (no cooling) for a little over \$100. A

self-contained unit does the job. It can be attached to a normal-width, double-hung window. A suite of five small rooms could be serviced by the installation of units in each for about \$425.

To provide *every* phase of air conditioning (including cooling) in a single room would probably involve a \$400 minimum outlay. Again, the unit would be self-contained, involving about as much installation cost as your electric refrigerator did.

Charges for installation of remote and central type conditioners are an important factor in their cost. Installation of the remote type may increase the bill by 30% to 50% of the price tag on the equipment itself. For the central type the cost of installation would probably equal 60% to 80% of the equipment cost because of the labor involved in threading your walls with ducts.

The cost of servicing any well-designed air-conditioner is low. To keep a small unit in good repair takes only \$3 to \$5 a year, depending on local conditions; for larger and more involved units, the bill will be from \$5 to \$12.

A unit serving a single room and using only electricity may be expected to increase your bill from the electric company by 15% to 20% during the months it is in use. Where both electricity and water are used, the operating cost will probably be from \$25 to \$50 a sea-

ASK YOUR DEALER TO SHOW YOU THE BASICALLY NEW FEATURES
OF THE NEW

WAPPLER COLD CAUTERY **SCALPEL**
COMPLEX DIVISION

AMERICAN CYSTOSCOPE MAKERS, INCORPORATED

450 Whitlock Avenue

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New York

The real test of ADHESIVE PLASTER-

BAY'S
LOCAL DRESSINGS

**IS NOT
HERE**

**BUT
HERE**

TESTING adhesive at room temperature with the thumb to learn its tackiness is no test at all. The real test comes at body temperature. Does it stick or does it slide?

BAYHESIVE achieves maximum tenacity at body temperature. This one fact alone has made it preferred and specified by so many leading physicians and surgeons.

Standard widths come in the dustproof, free-reeling Bay container. Readi-cut rolls for use in the Bay wall rack are also available.



THE BAY COMPANY
BRIDGEPORT, CONNECTICUT
A DIVISION OF
PARKE, DAVIS & CO.

son, depending upon locality. One manufacturer declares that a rough but significant estimate of the operating cost of complete air conditioning can be achieved by figuring on 5c per hour per room—60c per twelve-hour day.

Physicians who contemplate air-conditioning sizable establishments, will be interested in the following: Engineers estimated recently on the cost of completely air conditioning a standard two-story six-room house costing \$12,000. The figures they submitted varied from \$2,225 up to \$2,775.

Another example is found in a Detroit suburb. There a group of six-room houses have been built, equipped with complete air-conditioning systems, at a cost of from \$7,000 to \$7,500 apiece, land included. Here is one indication at least that in newly-constructed buildings conditioned air may be provided throughout at moderate acquisition and operating costs.

One factor having an important bearing on cost can be stated definitely—the life of equipment. Ten years is promised by most manufacturers, assuming that the equipment purchased is of representative quality and is subjected to an occasional overhauling by competent mechanics. Of course, obsolescence may cause the discard of equipment even though it is still functioning efficiently. A representative organization in the industry declares that the life of a unit should be placed

at five years—not because of any mechanical deficiency to be expected, but because of the improvement in design and operation of equipment yet to be developed.

As far as future prices are concerned there is reason to suppose that they will be higher. Labor costs have risen over 30% since 1935; the price of steel and other materials, about 20%. Economies of manufacture and distribution can hardly be expected to offset those increasing costs enough to permit a reduction in consumer prices.

Admitting that the costs of air conditioning are not low, many physicians still consider their investment in air well worthwhile. All report that patients are enthusiastic in their praise.

Listen to this composite of remarks from a number of doctors:

"Many of my patients have told me that waiting in an air-conditioned room—particularly during hot weather—is a pleasure. Moreover, since they enter my consultation room relaxed and in a comfortable frame of mind, diagnosis is aided. Several have remarked on the absence of what they chose to call 'hospital odor.'"

"Another point—many of my people apparently consider the air conditioning of my office a token of up-to-dateness. Undoubtedly, a certain amount of beneficial lip service has been paid me for that reason."

[TURN THE PAGE]

R

REDUCE BLOOD-PRESSURE
the reading *stays* down
RELIEVE THE SYMPTOMS
headaches and dizziness go

1-2 tablets t.i.d.
½ hour before meals.
Sample and formula
mailed on request.

HEPVISC

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AMBULATORY GASTRIC ULCER CASES

●The usual forms of neutralization therapy are difficult to follow when patients are at work. Often the inconvenience of carrying and mixing complex powders or liquids results in a laxness in following the all-important routine. There is now an improved method of combating hyperacidity effectively and with the greatest convenience for the ambulatory patient.



An Effective, Convenient Antacid

Alucol is a colloidal form of aluminum hydroxide conveniently packed in tablet form. Since the taste is not unpleasant, the tablets can be chewed and swallowed at prescribed intervals even without water.

Alucol absorbs acid chiefly by a physical, not a chemical process. It offers distinct advantages over the older alkali therapy because:

1. It absorbs only *excess* acid, leaving sufficient acid for peptic digestion.
2. It does not produce the compensatory rise in acidity which often follows intensive alkali treatment.
3. It cannot cause an alkalosis.

Regardless of the work a patient does, or where he goes, he is able to take his Alucol tablets as often as desired without mixing and without water. Convince yourself of these advantages by making a clinical trial. Fill in the coupon below.

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ALUCOL

Alucol is also available in powder form

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360 North Michigan Ave., Chicago, Illinois

Dept. M.E. 6

Dear Sirs: Please send me without obligation, a container of ALUCOL for clinical trial. Check which required:

☐ Tablets or

☐ Powder

Dr.

Address

City State

One physician, located in a southwestern community where nature becomes inordinately febrile during the summer, reports as follows: "I believe the chief reason for the busiest July and August I've ever had is the fifteen-degree-lower temperature maintained in my reception room by means of air conditioning."

Another man has an office facing a busy street, with the result that an open window admits all the dissonance of squeaking brakes, horns, and over-articulate dogs and children. Says he, "The price of my air conditioner was worthwhile if only because it does away with the necessity of opening my windows."

In addition to comment from individual practitioners, several reports of a more general nature are worth mentioning. Dr. Philip Drinkier, professor of industrial hygiene at the Harvard School of Public Health, declares that air filtration reduces pollen to a point where persons susceptible to hay fever "can usually obtain relief." Dr. C. P. Yaglou, also of the Harvard School of Public Health, has offered proof of the fact that air-conditioned rooms reduce post-operative shock during heat waves.

Other medical authorities have stated that air-conditioning has distinctly benefited sufferers from sinus trouble, asthma, hay fever, and similar respiratory diseases.

One of the country's leading industrial research laboratories has found that its experimental animals, susceptible to the devitalizing effects of summer, have had their mortality rate lowered through air-conditioning.

Authentic and repeated tests leave no doubt that a good air-conditioning system guarantees unusual cleanliness in equipment, instruments, and in the office generally. It has been found that from 90% to 95% of air-borne dust is kept out of a room by the filtration activities of an air conditioner.

A few of the advantages cited by manufacturers themselves are worth mentioning. They point out that air-conditioning effects a saving on fuel. Thanks to circulation of air the heat strata in a room are broken up so that a given quantity of fuel is not wasted through having to make a furnace produce 80° near the ceiling in order to achieve 70° down below. Rugs and curtains are protected from dirt; furniture, from the deleterious effect of dry air.

You can rely on VIM Square Hub NEEDLES

- to always be sharp, keen, ready to use;
- to be free from danger of rust, clogging;
- to be impervious to most acids, reagents;
- to be made from Firth-Brearley Stainless Steel;
- to have sturdy Square Hubs for easy handling.

Order VIM Needles from your Dealer—
ask for "VIM."



KAOMAGMA

MAGMA ALUMINAE ET KAOLINI

- adsorbs intestinal toxins
- checks diarrhea
- stops dehydration
- soothes inflamed mucosa

KAOMAGMA is a preparation of finest medicinal kaolin activated to many times its normal adsorptive potency by fluid dispersion in alumina gel. Kaomagma consolidates liquid stools and prevents the fluid depletion encountered in diarrheal conditions. It adsorbs gas, mucus and bacterial toxins, preventing further irritation to the intestinal mucosa. At the same time its definitely soothing and protective action upon the lining of the intestines allays inflammation, reduces soreness and discomfort, and hastens the return of normal bowel function.

Kaomagma Plain and Kaomagma with Mineral Oil supplied in 12-oz. bottles.



JOHN WYETH & BROTHER
INCORPORATED

WALKERVILLE, ONT.

The consequent saving on cleaning and repair bills is notable.

Finally, what of the physician himself?

A busy obstetrician answers: "Examining, consulting with, and treating patients throughout a long, hot day is enervating to any man, regardless of his capacity. Therefore, his work falls below par. This has been clearly demonstrated to me by the difference in my own ability to 'take it' before and after the advent of conditioned air into my office. No longer during the hot summer months am I robbed of sleep. No longer does the heat so frazzle me as to impair my work, shorten my patience, and hamper my zest."

Several precautions should be observed religiously by anyone contemplating an investment in air conditioning. First, and most important—*get good engineering advice*. Every installation, regardless of the type of conditioner involved, is an individual problem requiring expert technical knowledge. Reputable manufacturers maintain a staff of field engineers and service men. Their advice is always available to potential customers.

Be sure that both the maker and

the distributor of the equipment are reliable. A number of "orphaned" installations are already in use.

The costs discussed here are merely a starting point. The only proper course is to ask a manufacturer or distributor for an estimate of the job you have in mind. Such information, together with a notation of power and water costs in your community, will provide you with an authentic figure.

—J. T. DURYEA CORNWELL, JR.

[Specific information is available to any physician who wants to know about costs and other considerations involved in his particular air-conditioning problem. Address: Readers' Service Department, MEDICAL ECONOMICS, Rutherford, N. J.]

FOREMAN (to small son of workman who has met with an accident): "When will your dad be fit for work again?"

BOY: "Can't say for certain, but it won't be for a long time."

FOREMAN: "What makes you think that?"

BOY: "'Cause compensation's set in."

—Montreal Star



The Modern Reception Room

is furnished with Howell Chromsteel Furniture. Always clean, attractive and comfortable. Howell Chromsteel will brighten your offices and waiting rooms. Write for Free Full Color Catalog.

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*Tell Mrs. Jones
to give her baby
Heinz Strained
Foods*

57



DOUBLE CHECKED FOR QUALITY AND GOODNESS

Today, more and more physicians are sharing the opinion that the *safest* course to follow in selecting foods for infants and convalescents is to specify the use of Heinz Strained Foods.

That is because each of these 12 outstanding products is *double checked* for purity, flavor and high nutrient content.

First, Heinz Strained Foods bear the Seal of Acceptance of the American Medical Association's important Council on Foods. This means that the claims of high quality and nutrient values made for Heinz Strained Foods are recognized as acceptable.

In addition, they bear the famous Heinz "57" Seal—accepted for almost seven decades as the sterling mark on foods of quality.

Make it a point to recommend Heinz Strained Foods exclusively. You can do so with every assurance that high vitamin and mineral content is present—and that strictest standards of uniformity are maintained at all times. Remember, Heinz gives you and your patients the protection of *two* world-famous Seals!

HEINZ STRAINED FOODS

12 KINDS—1. Strained Vegetable Soup. 2. Mixed Greens. 3. Spinach. 4. Carrots. 5. Beets. 6. Peas. 7. Prunes. 8. Cereal. 9. Apricots and Apple Sauce. 10. Tomatoes. 11. Green Beans. 12. Beef and Liver Soup.



CREAM OF WHEAT

When Diet Itself

Becomes a Therapeutic Factor



In many affections of the gastro-intestinal tract, and during the course of numerous infectious diseases, diet often assumes equal importance with specific therapy. In such cases, Cream of Wheat is especially valuable. When cooked, it consists of soft, non-irritating wheat granules which are mechanically bland and evoke a minimum flow of acid gastric juice. Furthermore, Cream of

Wheat is high in nutritional value, an ounce yielding 115 calories of quickly assimilated food energy.

Because of these physical and chemical properties, Cream of Wheat finds an important place in the dietaries of patients afflicted with peptic ulcer, the various dysenteries, colitis, and as a rapidly available source of energy in infectious diseases and convalescence.



THE CREAM OF WHEAT CORPORATION
MINNEAPOLIS, MINNESOTA, U. S. A.

AN INSURANCE PROGRAM FOR THE PHYSICIAN

The second in a series of letters to a young doctor, explaining what the well-rounded insurance portfolio should contain.*

DEAR BOB:

In my first letter I gave you the highlights of the most important form of insurance for young physicians—personal accident coverage. I pointed out the pitfalls to be avoided in selecting company and contract, the best type of coverage for the average practitioner; and, much to your surprise, I told you to wait until your middle forties before buying sickness insurance. I advised a \$21 annual outlay for an accident policy providing a \$200 monthly income for life in the event of your becoming totally disabled.

Now for the second and equally vital step in your program—life insurance. I won't dwell upon the importance of acquiring it while you are young. I'll simply remind you that it is one of the few purchases you can make that costs less today than it will tomorrow.

You're married. Joan is your one long-term "obligation." Children are almost inevitable. They will be temporary, short-term "obligations"—at least until they're educated. They should be assured continuity of support until they get out of their teens.

What kind of life insurance should you buy? How much? Or-

dinarily, these two queries receive less thought than the inconsequential "What company?" or the question of whether insurance should be bought from a dividend-paying (participating) company or from a company that does not pay dividends (non-participating).

In buying life insurance, its basic purpose should be kept in mind, namely, the replacement of the economic value of a life. "Bread-and-butter" protection should be your first thought—temporary for your children, permanent for your wife.

Naturally, the obligation should be discharged at the lowest possible outlay. That immediately precludes the purchase of limited-payment and endowment policies. Whatever their merits and appeal, they are an essentially selfish buy for the man with dependents to protect.

Consider the ten-, twenty-, and thirty-payment life forms. By the simple process of charging a decidedly higher premium per \$1,000 during the periods stipulated, the insurance company relieves you of paying premiums during later years. Your policy remains in force after the ten-, twenty-, or thirty-

* The first appeared in MEDICAL ECONOMICS for April.

VITAMIN REQUIREMENTS OF MAN

IV. VITAMIN B₁

● The multiple nature of vitamin B has been definitely established by intensive research within the past decade. Considerable quantitative information is now available concerning the requirements of certain species of animals for the various factors contained in the vitamin B complex. At the present time, however, the anti-neuritic vitamin B₁ is the only one of these factors for which the minimum requirement for man can be postulated.

Beriberi-preventing diets of Chinese coolies and natives of Java have been estimated to contain 200 International units of vitamin B₁ (1). Practical use is made of knowledge such as this in the Philippines, where the Bureau of Science, in a successful effort to combat beriberi, dispenses tikitiki (vitamin B₁ concentrate from rice polishings) containing approximately 200 International units of vitamin B₁ per daily dose.

It is generally agreed that the absolute requirement for this factor may be variable, depending upon such factors as size and caloric intake of the individual. However, equations have been derived which take into consideration some of these variables and are useful in estimating the adult vitamin B₁ requirement (2).

Application of these equations indicate that approximately 225 International units of vitamin B₁ per day are required for the average American adult. The average daily infant requirement has been estimated to be 50 International

units, increasing to 200 units at the time of adolescence (1). The League of Nations Technical Commission recommends a daily intake of over 150 International units for pregnant and lactating women (3).

While it may be possible to estimate the daily intake of vitamin B₁ which will prevent clinical beriberi, it is not yet possible to state the minimum amount of the vitamin which, when imposed on an otherwise adequate diet, will promote optimum nutrition. There is increasing belief that some of the vague disorders, noted clinically, may be in reality manifestations of suboptimal vitamin B₁ intake (4).

Today, we have the new concept of nutrition which recommends the intelligent inclusion in the varied dietary regime of foods with known nutritive values—thereby insuring that the individual is not dwelling in "the twilight zone of nutrition". Thus has arisen the concept of "protective foods".

Results of formal bio-assay have established many commercially canned foods as valuable sources of vitamin B₁ (5).

Incorporation in the diet of the wide variety of foods—made available throughout the year by commercial canning—will assist in the acquisition of an adequate supply of vitamin B₁, as well as other members of the B complex, essential to human nutrition and usually occurring in nature along with the antineuritic factor (6).

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) 1934-35, Am. Pub. Health Assn. Year Book, Page 70

(2) The Vitamin B Requirements of Man, G. R. Cowgill Yale University Press, New Haven, 1935

(3) 1936, Nutr. Abst. and Rev. 5, 855

(4) a. 1936, J. Am. Med. Assn. 106,

261

b. 1935, Ibid. 105, 1580

(5) a. 1932, Ind. Eng. Chem. 24, 457

b. 1932, J. Nutrition 5, 307

c. 1934, Ibid. 8, 449

d. 1935, Ibid. 11, 383

(6) 1934, U.S. Pub. Health Rpts. 49, 754

This is the twenty-fifth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

year span. Such policies have the added attraction of returning to you a sum about equal to the aggregate of what you have paid in if you surrender them at the expiration of the premium-paying period. Yet these so-called advantages are offset by the fact that during the premium-paying period when your children are totally dependent, you deprive them of added protection. Why? Because you can use the \$32 that buys \$1,000 of twenty-payment life (participating) at age thirty to buy \$1,500 of ordinary or whole life instead.

Any of the limited-payment forms subordinate quantity of protection to the selfish advantage of knowing that in so many years you will have no more premiums to pay. And that's an expensive advantage if you die before the premium-paying period expires.

It is important to keep in mind that twenty years hence your fundamental life insurance needs won't be as pressing as they are today. Your wife will have twenty years less of dependency upon you. In all probability your children will have reached the age of self-support.

Admitting that limited-payment forms are selfish, endowment forms are even more so. They stress the so-called savings aspect of life insurance by guaranteeing that the face amount of your policy will be paid to you in cash at the end of the premium-paying period. They minimize protection.

I have pointed out how a twenty-payment life contract costs 50% more on the average than ordinary life. Endowment policies cost anywhere from 50% more (forty-year endowment) to 200% more (ten-

year endowment) than ordinary life.

The confirmed bachelor may have some justification for buying an endowment policy—as a self-imposed savings plan. But even for him, if he has no dependents, an annual-premium deferred annuity would be better.

If there is any place at all for an endowment policy in the doctor's life insurance program it is as a fund to guarantee a college education to his youngsters whether Dad is alive or dead. However, do not even think of this aspect of your future obligations until you have made adequate provision for necessities. Only when they are taken care of should you consider, say, \$4,000 of odd-years endowment insurance.

By "odd-years" I mean this: Suppose your boy is three years old when you find it possible to plan a fund for his education. He'll be ready for college in fifteen years: You can buy \$1,000 of fifteen-year endowment to see him through his freshman year, \$1,000 of sixteen-year endowment to be paid to him when he's a sophomore, \$1,000 each of seventeen- and eighteen-year endowment for expenses during his third and fourth years of college. The premium per \$1,000 will be high. But it is better to make fixed periodic outlays over a span of years than to face the necessity for scraping together \$4,000 when your boy starts his college career.

So much for limited-payment forms. Since they are out except as a medium of creating an educational fund, what type of life insurance *should* be bought?

Well, it's almost certain that by the time you're 65 the need to pro-

tect your family will have reached an all-time low. Furthermore, only 5% of the people living today are 65 or more years of age. Thus, you have but one chance in twenty of being alive at 65. Your family obligations are going to be increasingly heavy during the next 25 years. Certainly, 25 years from now your children will no longer be dependent. If your wife is alive she will have but fifteen years of life expectancy. So, the answer to "What kind of insurance?" boils down to a choice between ordinary life and term insurance.

The vast majority of life insurance owned today is of the ordinary form—the kind on which you pay premiums as long as you live, but pay decidedly less than for limited-payment forms. It gives a large amount of permanent protection for a low outlay. It guarantees some cash value (about 45% of the face of the policy at age sixty if bought at age thirty). Generally speaking, to collect the face amount, you must either die or live to be 96. An ordinary life policy purchased from a dividend-paying company will become paid-up in thirty-odd years—if you allow your dividends to accumulate, paying the full premium every year. No guarantee of this, however. It depends upon the future dividend earnings of the company issuing your policy.

Term insurance offers the greatest volume of protection at the lowest cost per \$1,000 for an agreed period of years—one, two, three, five, ten, twenty, or, better still, up to age 65. In a few companies it builds up a negligible cash surrender value; in most, none. You may buy it with the right to convert to permanent insurance regardless of your physical condition at the time of conversion. If you consider term insurance, *make sure that the policy carries (1) a renewal right and (2) a conversion option.* For a man of your age, facing the prospect of larger obligations, term insurance to age 65 is probably the best bet. The yearly premium remains the same until you are 65, or until you convert to another form. Of course, you'll have to pay a rate based on your attained age at the time of conversion. This type of term insurance policy may be surrendered for cash at age 65 (\$100 for each \$1,000 of insurance).

I suggest that you buy \$10,000 of term-to-65 insurance as soon as possible. Make it the nucleus of your family's protection should you die before your time. The cost per \$1,000 for a dividend-paying policy is about \$16.60 at age thirty; about \$14.50 with no dividends. Arrange to have only \$1,000 paid in cash at your death. Call this sum a clean-up fund. Trustee the \$9,000 balance

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Safely used for all mucous surfaces; non-poisonous, non-corrosive, has no offensive odor. Gynecologists have found it valuable for vaginal cleansing. MU-COL is a saline-alkaline bacteriostatic, of balanced formula, reliable for uniformity of composition. In powder form, does not deteriorate. Freely soluble. Indicated for irritations of membranes in nose, throat and mouth.

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Please send sample of MU-COL. Name _____ M.D. _____

Address _____

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IN A
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Effervescent DRINK

An improved method of prescribing certain standard forms of medication is provided in the following effervescent tablets:

- **ASPIR-VESS**—Combines the valuable analgesic, antipyretic properties of aspirin with a systemic alkalizing effect (as sodium citrate) equivalent to 31 grs. of sodium bicarbonate and 21 grs. of citric acid.
- **BROMO-VESS**—The well known triad—bromides of sodium, potassium and ammonium in a palatable, alkaline, effervescent tablet. No salty taste.
- **CINSA-VESS**—A combination of cinchophen, sodium salicylate, colchicine. The final solution is definitely alkaline, which combats the associated acidotic condition usually encountered, and likewise increases tolerance.

COMPLETE LITERATURE AND CLINICAL SAMPLES ON REQUEST

EFFERVESCENT PRODUCTS, Inc.

ELKHART, INDIANA

MEDICAL ECONOMICS • JUNE • 75

with the company, binding it to pay Joan \$100 a month until the \$9,000 is exhausted. Thus, Joan would receive steady income for about eight and a half years—enough to support her while any child is in its infancy.

By the way, \$5,000 is the smallest amount for which a term-to-65 policy is issued. So, buy two \$5,000 policies. Arrange to have the annual premium on each fall due in different months of the year. Pay a pro-rata premium on one to put it in force until the month comes around in which you want to pay the annual premium. By having annual premiums for each \$5,000 fall due at different times, you avoid having to pay a high interest charge for the convenience of making semi-annual payments on \$10,000.

The premiums I quoted for term-to-65 life insurance include a charge for a premium waiver clause. That's a supplementary clause (costing a few cents extra per \$1,000) under which your premium-paying obligations cease completely after you have been laid up by injury or illness for four or six months, depending on the company issuing the policy. Your insurance continues in force; your cash and loan values continue to increase just as though you were paying premiums. Too many policies are carried without this waiver of premium.

When you have become firmly es-

tablished in practice, you will, of course, increase your life insurance holdings. A total of \$20,000 would provide Joan with \$100 every month for about twenty-two years or with \$150 a month for seventeen years after your death.

When you can finance the second \$10,000, look to one of your most serious potential problems—a long illness. More men in the profession are disabled in middle life by cardio-vascular diseases than in any other group. Note that I do not refer to long-crippling *injuries*. The accident contract about which I wrote last time takes care of them. A disability clause in a life insurance policy is the solution for the chronic-sickness problem.

With your second \$10,000 of life insurance you can buy \$100 of monthly disability income for life (it covers accidents too) payable after four months of disability. That clause is non-cancellable to age sixty, paying for any condition totally disabling you before you reach that age. It cannot be had in conjunction with term insurance. Ordinary life is the lowest premium form with which it is sold; \$125 monthly is the maximum issuance. Buy this form of coverage by all means. Buy it as soon as you can in order to get it at the lowest possible cost. Don't be disappointed because you can get only \$125 a month at the most. In a real crisis such a sum looms pretty large and comforting. A \$100 disability in-

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THE ORIGINAL CREME FOR MARRIAGE HYGIENE

Learn Why Discerning Physicians Prefer it to Old Type Jelly

Write for **FREE** full size package

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A Better Antacid..



① Longer Antacid Effect

② Greater Neutralizing Power

Cushney*, in discussing hyperchlorhydria, states:

"In this condition (hyperchlorhydria) alkalies are usually given after meals, and oxide of magnesium is preferred to a carbonate, as the carbonic acid liberated from a carbonate seems to stimulate gastric secretion and to increase the acidity after a temporary diminution . . . Weight for weight, therefore, magnesium oxide has a four-fold greater antacid effect than sodium bicarbonate."

For effective antacid and mild laxative medication, Phillips' Milk of Magnesia has been the standard for more than 60 years.

The new Phillips' Milk of Magnesia Tablets offer the same effectiveness in more convenient form. Each tablet is equal to one teaspoonful of Phillips' Milk of Magnesia (liquid).

ADULT DOSAGE:

As an antacid: 2 to 4 tablets.

As a gentle laxative: 4 or more tablets.

*Cushney, Arthur A., A Textbook of Pharmacology & Therapeutics, 10th ed. revised by Edmunds & Gunn, Lea & Febiger.

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Prepared only by

THE CHAS. H. PHILLIPS CHEMICAL CO. NEW YORK, N. Y.

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DE LUXE

ALLERGIA PILLOWS



- double processed
- DUST-FREE
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Your patients will want to have one of our NEW instructive booklets: "Healthful Sleep".

WRITE NOW

for sufficient copies, so that every sufferer from Asthma, Hay Fever, and related disorders, may have one!

• Remember, covering an ordinary pillow does not eliminate the irritant . . . both the filling and the cover must be dust-free. That is why the Allergia Pillow is the ideal pillow.

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(Eliz. Ang. Amari Sgt.)

Angostura Bitters stimulates the flow of the digestive fluids secreted by the stomach, small intestines, liver and pancreas. It promotes peristaltic activity, thus counteracting belching and flatulence. Where these effects are indicated, the appetite and the assimilation of food can be greatly increased. Send for free booklet, "The Secret of our Digestive Glands."

**THE ANGOSTURA-
WUPPERMANN CORP.**

Norwalk,

Conn.

come provision will cost about \$80 when you are 32 if rates do not go up in the meantime. This \$80 is in addition to the regular premium of about \$240 on \$10,000 of participating ordinary life insurance at age 32.

Another wrinkle in arranging for that next \$10,000: Have it issued in ten \$1,000 policies. Put each on an annual premium basis. Arrange to have these premiums fall due in those months when annual premiums are not payable on the two \$5,000 term-to-65 policies which you will have already bought. By staggering your premiums in that way you'll find it easier to carry your insurance. Furthermore, as I've already pointed out, it's less expensive than paying quarterly or semi-annual premiums on one policy for the whole amount.

I have been able only to skim the surface of life insurance. Later on, I'll discuss a lifetime income for your wife; an annuity for yourself, minimizing federal inheritance taxes on life insurance; and methods of distributing your life insurance estate as your family picture changes through the years.

I hope, Bob, that what little I've said about the essentials of life insurance is reasonably clear to you. If not, please feel free to question me as you did after reading my letter on accident insurance.

Sincerely,

W. CLIFFORD KLENK.

[MEDICAL ECONOMICS will gladly answer queries relative to the insurance problems of physicians, providing they do not demand extended research and can be answered in a short letter. Address: Readers' Service Department, MEDICAL ECONOMICS, Rutherford, N. J.]

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Energy



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Energy is an expression of strength, associated with good health, while the lack of energy is frequently indicative of low hemoglobin. Neobovinine with Malt and Iron provides a rich source of liver and iron essential to hemoglobin formation, together with malt to stimulate the appetite. Doctors who prescribe this preparation routinely appreciate its value in the treatment of secondary anemia. Neobovinine with Malt and Iron is pleasant to take. Samples on request.



THE BOVININE COMPANY, CHICAGO, ILL.

Nine hundred and seventy organizations are now supporting birth control. Three U. S. courts have upheld the right of doctors to import contraceptives. And 327 birth control clinics are in existence today, despite religious, medical, and legal opposition.

BATTLE SMOKE now hangs low over the front-line trenches in birth control's sixty-year fight for freedom. The rear-guard of Anthony Comstock's 1873 obscenity law is still taking pot-shots at contraception's minute men.

Because of this law, no physician could prescribe legally a contraceptive for a patient, even in the interests of life and health. Recently this law was bombed heavily by a Big Bertha hailed as "the physician's bill of rights." The U. S. Circuit Court of Appeals for the Second Circuit, in a decision handed down on November 30, 1936, gave medical men the right to import contraceptive articles for the purpose of saving life or promoting the well-being of their patients. Birth control advocates throughout the country rejoiced, and believed it to be a notable victory.

One organized medical group retaliated by laying down a counter-barrage which, broadly speaking, advised physicians that contraceptive advice, devices, and preparations are still contraband. It pointed out that the decision does not refer to the actual practice of contraception within the states. The

THE BATTLE

ruling applies, it said, only to the importation of contraceptive articles for such territory as comes within the second judicial circuit of the United States—Vermont, Connecticut, and New York. Thus, doctors importing contraceptives through ports of entry in other than those three states would not be protected, it declared, except by the persuasive influence furnished by the decision in question. In the April issue of the *Journal of Con-*



BARONESS SHIDZUE ISHIMOTO
The "Margaret Sanger of Japan."

THE OVER BIRTH CONTROL

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Antagonism provides high-explosive ammunition for the supporters of birth control. Many prominent persons are taking militant sides on the question and are throwing the weight of their written and spoken words into the fray.

So the battle continues.

In Canada, too, bloodless skirmishes are taking place along contraception's battle front. A case, unique in the annals of Anglo-Saxon jurisprudence, was settled on March 17 in favor of the birth control forces. It was decided on the question of what is "for the public good" rather than on an admitted violation of a statute. Dorothea Palmer, Ottawa social worker, by giving birth control information to women in Eastview, Ontario, violated section 207 of the Canadian Criminal Code. In dismissing the charge, Magistrate Clayton pointed out that 1,000 of the 4,000 residents of Eastview were on the relief rolls.

The question of birth control information for women on relief was raised also in New York in December, 1935. An audience gathered in Carnegie Hall voted unanimously that "Agencies . . . should inform mothers on relief where they may secure medical advice as to family

limitation by methods in accord with their religious convictions." It was reported that, although the general birth rate had fallen, 250,000 babies were born each year to these women.

Cardinal Hayes at once mounted his pulpit and took up the challenge. He appealed to the people to restrain those "who would enjoin the poor from motherhood." A statement taking issue with his views was signed within 24 hours



MARGARET SANGER

"Thirty days in the workhouse."

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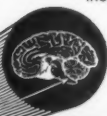
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"Thirty days in the workhouse."

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A direct stimulant to the respiratory center.
The ideal resuscitant for use in asphyxia, neonatorum and atelectasis.
It facilitates respiration where manual and mechanical means are not only ineffective but often are positively harmful.

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by Jewish and Protestant religious leaders, and released to the press.

Some of those in favor of birth control believe that limitation of families should be permissible not only for economic reasons but also to suit individual needs. According to a report covering 576 childless marriages in the U. S., only 33% have the choice made for them by nature. The other 67% are childless for various reasons, among them being 5% who refuse to run the risk of passing on bad heredity.

In direct line with this highly moral attitude is the voluntary submission to sterilization operations of more than 150 men living out part of their lives behind the cold, gray walls of California's San Quentin Prison. Dr. Lee Stanley, prison physician, reported to the board of directors that the men did not wish to brand children with the stigma of having ex-convicts for fathers.

Organized medicine as a whole has not declared itself yet on birth control. But many societies and groups of physicians are taking decisive steps either for or against it. A statement signed by 56 prominent New York physicians was read before a recent annual meeting of the American Birth Control League and the New York Birth Control Federation. A knowledge of birth control, it asserted, is important for the health of the individual; and fifteen years of clinical research have demonstrated conclusively the effectiveness, safety, and harmlessness of approved methods. (Yet sixteen years ago a doctor was dismissed from an Eastern hospital because he "advised" poor mothers in a women's clinic.)

Recently, Dr. Frederick C. Holden, professor emeritus of obstet-

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I have used the sample of ALKALOL as checked
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Among the many uses of ALKALOL

Ears	Cleaning, soothing.
Eyes	Very soothing—even in infants' eyes after silver treatment.
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Teeth	Kept in contact by means of saturated cotton or gauze, is a pleasant surprise to physician and patient.
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Brucises	
Fevered Brow	
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Bladder	Relieves irritation.
Diabetic Lesions	Many other indications will suggest themselves. Remember, ALKALOL'S "cell-feeding" action is a tissue builder. It never irritates.

We will appreciate your comments

Excellent

Excellent

Excellent

Your circular: "Helping the

Cell to Help Itself" is an excellent example of what

"literature" should be.

Occasionally, in the morning's mail, I run across a card like this, and while the endorsement is not unusual, this card has a certain "personality" that makes it stand out. So I pass it along. Here's a physician who has voluntarily placed the stamp of excellence on Alkalol for eyes, nose and throat.

ALKALOL AVOIDS ADDITIONAL IRRITATIONS

Nasal or oral cleanliness is no problem when Alkalol is used, for Alkalol is a pus and mucus solvent, allays irritation, reduces congestion and has a pleasant refreshing taste and odor. Different from the germicides so much exploited for oral hygiene, Alkalol can be used full strength in eye, ear, nose, wounds or burns, rash or irritation.

Let me tell you what physicians have written for many years about Alkalol in absolutely unsolicited testimonials—"Wonderful success with Alkalol in treating and preventing head-colds" . . . "Results amazing" . . . "Wonderful in the treating of inflammation anywhere" . . . "Patients find it comforting and soothing" . . . "It has been my winter stand-by for 15 years" . . . "It fills your statements beyond a doubt" . . . "Finest nasal douche I ever used" . . . "Very efficacious in treating head-colds" . . . "Perfect for treating irritations of the mucous-membrane" . . .

SIMPLE TEST TELLS VOLUMES

Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes.

Alkalol has such a wonderful soothing, healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

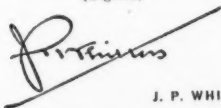
Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc.?

* * *

Please remember that Alkalol is a delicate product and should not be dispensed from opened containers. Prescribe Alkalol in original 8 or 16 ounce bottles.

Your card or letterhead will bring a FREE SAMPLE of Alkalol.

(Signed)



J. P. WHITTERS

The ALKALOL Company

Dept. MF7

Taunton, Massachusetts

MEDICAL ECONOMICS • JUNE • 83

rics and gynecology at the New York University College of Medicine, speaking at the annual convention of the Medical Society of New Jersey, urged dissemination of birth control information. Dr. Holden explained that the safe teaching of birth control methods to women in need of them would prevent deaths following abortions, which, he said, represent 25% of all deaths in childbirth. There are, he added, between one and two million abortions a year.

In spite of all opposition, the United States has more birth control centers or clinics than any other country in the world. Margaret Sanger in 1916 organized and opened at Brownsville, New York, what is supposed to have been the first birth control clinic in the United States. It operated for ten days. Then public opinion, in the form of newspaper notoriety, police, and jail sentences, overwhelmed her. All appeals were in vain.

After lengthy and wordy legal battles, a New York court decided that the penal law of the state, prohibiting dissemination of contraceptive information and materials, did not prevent physicians from helping married persons to cure or prevent disease. Vendors, acting upon physicians' prescriptions or orders, were protected, as were medical men themselves. Judge Frederick E. Crane, in 1918, handed down this opinion, with the approval of some of his colleagues. Mrs. Sanger,

not being a doctor, was still open to prosecution. She was sentenced and spent thirty days in the workhouse.

Since that time Mrs. Sanger, Dr. Hannah Stone, Mary Ware Bennett and other supporters have fought the laws vigorously. Dr. Stone opened her Birth Control Research Bureau. It was raided in 1929 by the police. Magistrate Rosenbluth, taking Judge Crane's reading of the law as a precedent, released Dr. Stone and verbally chastised the raiders.

Since that time clinics have operated openly; even though, technically, they may still be banned by federal and state laws. Private physicians, it would appear, therefore, have little to fear.

Today there are 327 birth control clinics or centers throughout the country—in hospitals, county health departments, special quarters, churches, and settlements. A licensed physician is in charge of each clinic. Advice, it is claimed, is given only to those married or about to be. A thorough physical examination usually is required.

Some women in need of advice find their own way to the clinics, but most patients are referred by charity organizations, hospitals, and social workers. In practically every instance where a patient is able to pay, she is advised, it is said, to go to a private physician for advice.

Those unable to pay anything are generally aided by some charity

BOILS STANNIOVI STYES

TREAT BOTH BY MOUTH • 4-8 Tablets Daily • Write for Sample

STANNIOVI

(Chemically Pure Tin and Tin Oxide)

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 1270 B'way, New York

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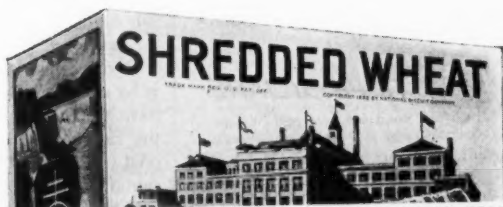
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● When the diet requires a good balance of proteins, carbohydrates, mineral salts and vitamins, whole wheat is a perfect source. And Shredded Wheat is 100% whole wheat in its most digestible form. Delicious with fruits or berries, too.



MORE THAN A BILLION SHREDDED WHEAT BISCUITS SOLD EVERY YEAR
THE SEAL OF PERFECT BAKING



A Product of NATIONAL BISCUIT COMPANY,
Bakers of Ritz, Uneeda Biscuit and other famous varieties

MEDICAL ECONOMICS • JUNE • 35

REGARDING THE TREATMENT OF GONORRHEA

A prior consideration in the treatment of Gonorrhea is a recognition of the extreme tenderness of the urethral mucous membrane and its susceptibility to chemical injury. It has been demonstrated by clinical experience that the mildly antiseptic, antiphlogistic and sedative action of GONOSAN "Riedel" upon the inflamed urethra achieves precisely the desired effects.

GONOSAN

"RIEDEL"

In keeping the inflammation down during the hyperacute initial stage, *Gonosan* is frequently the only treatment used. Distinct clinical advantages of *Gonosan* also lie in its tendency to limit the infection, often preventing the spread of gonorrhea and involvement of the prostate, seminal vesicles and epididymis.

Because of its unvarying stability and purity, *Gonosan* "Riedel" is not burdensome to the renal or gastric systems.



TO PHYSICIANS

Send for free pad of *General and Dietary Instructions* for patients given at time of treatment. These instructions insure cooperation of patients in carrying out professional advice.

RIEDEL & CO., Inc.

BERRY and SO. FIFTH ST., BROOKLYN, N.Y.

bureau. Those who can't pay the regular fee are charged according to their means. This may be anything from a few cents to a few dollars. The fee—however small—helps to pay for the contraceptives. There is no charge for additional visits.

Every month, apparently, sees more of these clinics and centers started.

In order to bring the whole question of birth control into the open a public forum on the subject was held in West Virginia. At the debate of the Woman's Club of Clarksburg, on February 11, birth control advocates and their adversaries met face to face. Mrs. Olandus West presented the case for—and the Reverend Father B. F. Farrell against—birth control. Father Farrell discussed the topic "A. B. C." This, he said, means "artificial birth control." He advocated birth prevention by self-discipline and self-sacrifice.

Birth control is now endorsed by 970 organizations—national, state, and local. This is an increase of 494 during the past two years. One of the most important endorsers is the General Federation of Women's Clubs, with its millions of women members. Other organizations cover the fields of education, religion, medicine, *et al.*

Radio censorship of birth control is by no means broken. The subject has, however, been broadcast over the radio several times during the past two years. A speech by Representative Walter M. Pierce, in 1935, was broadcast over a national network through Station WOL, Washington. Mrs. Sanger spoke over WABC in the same year. Recently Dr. William H. Cary broadcast over

When a digestive system goes in training

John at 3 months

At this early age, John Lutz is beginning his first round of solid food—Clapp's Baby Cereal. An increasing number of pediatricians believe that growing exercises for young digestive systems should begin early. They advise foods that are finely strained, but not too liquid. The texture of each Clapp's Food has been determined upon after consultation with baby specialists.



John at 8 months

John is enjoying his menus of Clapp's Strained Vegetables and Fruits, which were added to his diet when he was 5 months old. Swift pressure-cooking protects the growth factors in these foods—the rich vitamins and minerals. John crept at 6½ months, and stood alone at 7½ months.



John at 11 months

A healthy, husky young man, 4 pounds heavier than he was 2 months ago! Variety, so readily obtainable in Clapp's Foods, has contributed to his progress, developing a ready acceptance of new flavors. His whole alimentary tract is getting gentle but thorough training for the future handling of adult foods.

The Clapp Company makes nothing but Baby Foods—all produced under close laboratory supervision, supplemented by consultations with an advising pediatrician.



16 VARIETIES

Soups: Baby Soup (Strained), Baby Soup (Unstrained), Vegetable Soup, Beef Broth, Liver Soup.

Vegetables: Tomatoes, Asparagus, Spinach, Peas, Beets, Carrots, Green Beans.

Fruits: Apricots, Prunes, Applesauce.

Cereal: Baby Cereal.

FREE: May we send you a comprehensive booklet of recent findings on Infant Feeding? Address Harold H. Clapp, Inc., Dept. 613, 1328 University Ave., Rochester, N.Y.

Clapp's Strained Foods

THE ORIGINAL STRAINED BABY FOODS



the Columbia network from Station WABC, as part of the program of the American Birth Control League's annual meeting.

Many clubs are holding meetings with the subject of the day being some aspect of contraception. The Baroness Shidzue Ishimoto, often called "the Margaret Sanger of Japan" now is in this country. She is lecturing on Japanese conditions as they affect women.

Still in all, the fight for birth control freedom goes on. The opposing forces apparently have plenty of ammunition left.

During 1935 and 1936, birth control advocates introduced five bills into Congress, dealing with contraceptive measures. All these bills had hearings. All died in committee.

CANCER LEGISLATION

ANOTHER CANCER BILL was thrown into the federal legislative pot last month—a few weeks after a former bill to authorize a million-dollar appropriation for cancer research had been introduced (see May issue, page 72). Both bills are designed to promote research and to provide better facilities for diagnosis and treatment. The newer bill would establish a national cancer center within the public health service. Physicians receiving special government training in cancer would get a maximum daily allowance of \$10; and an annual prize of \$1,000 would be awarded to the U. S. citizen doing the most valuable work on the cause, prevention, or treatment of cancer.

TRUSSES

For almost a half century Ohio Trusses have been First Choice of many prominent physicians. Scientifically designed and made—and expertly fitted to meet the specific requirements of each individual case.

NON-SKID SPOT PAD TRUSS

A newly developed sanitary truss that holds with half the pressure required by others. Extra light weight, gives immediate relief, comfortable.

The adjustable rubber covered Non-Skid Spot Pad keeps the truss in place at all times. An exclusive "OHIO" feature.

THE NEW INJECTO TRUSS

The perfect mechanical aid for injection treatment of reducible hernia. Can be furnished in all sizes, single or double. Washable and sanitary. Sold only through dealers trained to fit surgical appliances. Write for complete information.

THE OHIO TRUSS CO.

12 E. 9TH ST., CINCINNATI, O.

Highest Quality Surgical Appliances Since 1892

Also manufacturers of "Airway" Surgical Belts and Reducing Girdles, Non-Skid Arch Supports, Champion Men's Supporters.

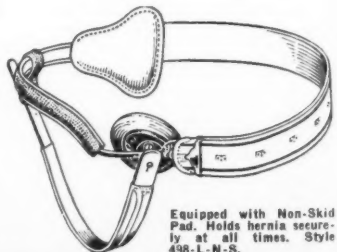
101 W. 31st St., New York
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OTTAWA TRUSS CO. of Canada, Ltd.
316 Wellington St., Ottawa

*you can safely recommend
in the Treatment of Hernia*



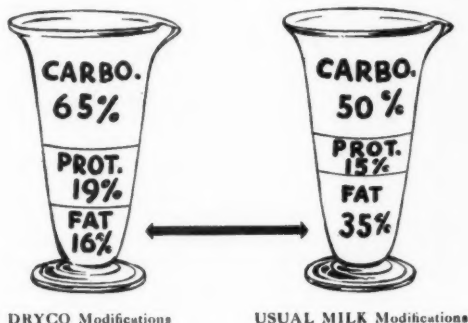
Adjustable front and back pads, continuous spring. Style 416-S-8.



Equipped with Non-Skid Pad. Holds hernia securely at all times. Style 498-L-N-S.

Dryco cuts Fat Calories in half for the Summer Baby

A comparison of caloric distribution in common formulas



IN Dryco modifications, a greater proportion of the infant's fuel energy needs is supplied by carbohydrates.





These carbohydrates are more convenient and more digestible sources of energy than fat. So they permit a reduction by more than 50% of the fat calories supplied in usual milk modifications—frequently a most desirable safeguard for the summer baby.

And Dryco provides fresh, safe feedings at all times, needs no refrigeration,

even during the hottest months.

Furthermore, the softer, finer curd of Dryco feedings is more readily broken down by digestive juices. And, unlike ordinary artificial formulas, Dryco feedings provide their maximum protein values during the early months of fastest growth—as does Nature in breast milk.

For a handy vest-pocket feeding schedule providing Dryco modifications from the hour of birth, clip and send coupon.

   	<p>THE BORDEN COMPANY Prescription Products Dept., Dept. E-67-D 350 Madison Avenue, New York, N. Y. Please send copies of the Dryco Infant Feeding Schedule.</p> <p>Name _____ M. D. Street _____ City _____ State _____ Check here to receive samples of DRYCO <input type="checkbox"/> Special DRYCO <input type="checkbox"/></p>
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UNIQUE AMONG COAGULANTS



A valuable control over excessive capillary hemorrhage is provided in the standardized alkaloidal coagulant

CEANOTHYN

This unique drug, which acts catalytically on the clotting mechanism, is adapted both to control of acute bleeding or to prophylactic use in surgical cases. Pushed to produce maximum effect, Ceanothyn exhibits no toxic symptoms, is not contraindicated with any other measures that may be employed.

In addition to its use in hospitalized cases Ceanothyn has become the leading prescription hemostatic in the United States because it is effective, easily administered—by mouth, economical, available everywhere. May we send you a trial supply? ME-6

FLINT, EATON & CO.

PHARMACEUTICAL CHEMISTS

DECATUR

ILLINOIS

MEDICINE A LA T.V.A.

JUST AS it is not the guns which win a war but the men behind them, so it is not the tons of concrete, the mighty power lines, and the electric generators which make the Tennessee Valley Authority.

It is the workers.

And upon their health and well-being rests the success or failure of the huge project.

Two million persons occupy the Valley's 40,000 square miles. A city of this size ordinarily presents enough medical problems; but if one adds the numerous accidents which always accompany any construction job, and considers that a sparsely settled region has been transformed into a densely populated one, the difficulties become apparent.

To Dr. E. L. Bishop, past president of the American Public Health Association, fell the task of supervising the medical care of the thousands of workers, their families, and the regular inhabitants of the area. The problem assumed two major divisions: (1) the treatment of injuries and the usual acute illnesses suffered in construction work; (2) long-range planning to conquer malaria, tuberculosis, and other health hazards among the permanent population of the Valley.

Keystone to the solution of accidents is their prevention. So before any work is started, a safety engineer must approve all structural plans.

Workers have to climb a dam 256 feet high. A slip would mean death. Hence, ladders are staggered with

GLYCO

THYMOLINE

TRADE MARK

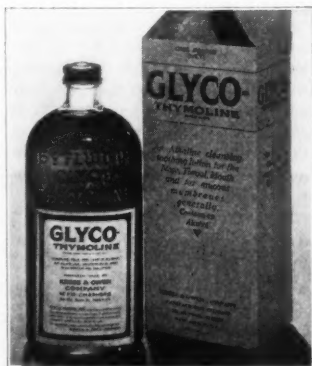
AS A

VAGINAL DOUCHE

For over forty years GLYCO-THYMOLINE has been used and recommended by many Physicians in the treatment of Vaginal Catarrh.

Its alkalinity and manner of stimulating the local circulation make GLYCO-THYMOLINE particularly valuable in cleansing, soothing and healing inflamed mucous membrane. It is also beneficial in eliminating the disagreeable odor often present in leucorrhoeal discharges, and an aid in controlling the annoying itching so often present.

GLYCO-THYMOLINE as a douche (one ounce to a pint of warm water) is a safe and effective method of using for irritated and inflamed mucous membrane of the utero-vaginal tract.



KRESS & OWEN COMPANY

Manufacturing Chemists

361-363 Pearl Street, New York, N. Y.

Gentlemen: Please send samples of Glyco-Thymoline without cost.

Dr.

Address

City

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short climbs, frequent landing platforms, and wire-mesh nets. It is the engineers' duty to evolve solutions like this.

Since the institution of preventive measures, the number of injuries per man-hour of work has been cut almost in half.

To care for those who do get injured, a decentralization of safety efforts has been found necessary. This is because the many gangs of laborers are scattered all over the reservoir area.

Conveniently placed medical aid stations and both land and water ambulances are now in regular use. When an accident occurs the injured are treated near the scene, then transferred to field hospitals. If still further care is required, they are sent to larger, permanent hospitals. Thus, much the same system as is used in case of war takes care of medical emergencies in the Valley.

Perhaps more permanent and important is the TVA's campaign against malaria and tuberculosis. The Valley has had a high malaria rate for years. Impounding the waters in reservoirs has greatly increased this danger. When water stops flowing, mudholes and stagnant pools remain as perfect breeding spots for mosquitoes. Therefore before creating a reservoir, the area is so prepared as to minimize the malaria hazard. The land is cleared and all small sunken places nearby are connected with

the main body of water or filled in.

After the water is allowed in, maintenance of malaria control is the next problem. The shoreline is watched continuously; the water level is fluctuated to destroy mosquito colonies; larvacides are used liberally. Over large areas, the chemicals are spread by boat or plane. As there are 2200 miles of shoreline, the sterilization of breeding areas will always remain a major problem.

Education of the populace is another important line of attack. Tuberculosis is especially high in this area, so every measure for its control is attempted. With the aid of state and county health officers, scores of conveniently located rural health centers have been set up. Lectures and motion pictures bring the people to the centers. Gatherings have seldom been less than 200, have totaled 11,000.

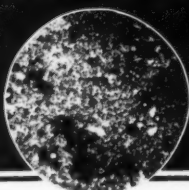
All in all, the TVA is a wholesale experiment in one type of socialized medicine. Medical associations and physicians throughout the entire country will watch its progress closely.

UNDER THE TITLE, "Stork Lax, Death Busy," an item on page 146 of the March issue states that the national birth rate for 1936 was five per thousand. The item should have read, "The nation's 1936 natural rate of increase—the excess of the birth rate over the death rate—sank to a record low, five per thousand."—Ed.

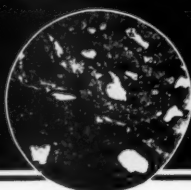
R TAUROCOL (TOROCOL TABLETS)

A true chologogue . . . also Taurocol Compound for digestive disturbances. Write for samples. The Paul Plessner Company, Detroit, Mich. ME-6-37

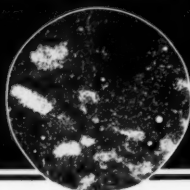
WHAT HAPPENS IN THE BOWEL ?



Human feces after ingestion of Kondremul. The oil is intimately mixed with the mass.



Human feces after ingestion of mineral oil. Note the large patches of free oil.



Human feces mixed in vitro with Kondremul. The mixture is almost identical with the first picture.

Before prescribing a mineral oil emulsion you want to know not only its physical characteristics before administration, but also what happens when it is exposed to the churning and enzymic action of the intestines.

KONDREMUL

is not only an emulsion of microscopic fineness in the laboratory—it is a product which remains emulsified throughout the bowel, mixes thoroughly with the fecal mass, and does not separate.

The selection of Irish Moss (*Chondrus Crispus*) as the emulsifying medium makes this possible. It protects each minute particle with a film which is tough and indigestible.

KONDREMUL with Phenolphthalein—combined laxative and regulator.

KONDREMUL with Cascara—adds the tonic laxative effect of non-bitter cascara to Kondremul.

KONDREMUL Plain—a corrective for deficient bowel action.

THE E. L. PATCH CO.

BOSTON

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THE E. L. PATCH CO.
Stoneham 80, Boston, Mass.

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Gentlemen: Please send me clinical trial bottle of

☐ KONDREMUL (plain)

☐ KONDREMUL (with Phenolphthalein)

☐ KONDREMUL (with Cascara)

(Mark preference)

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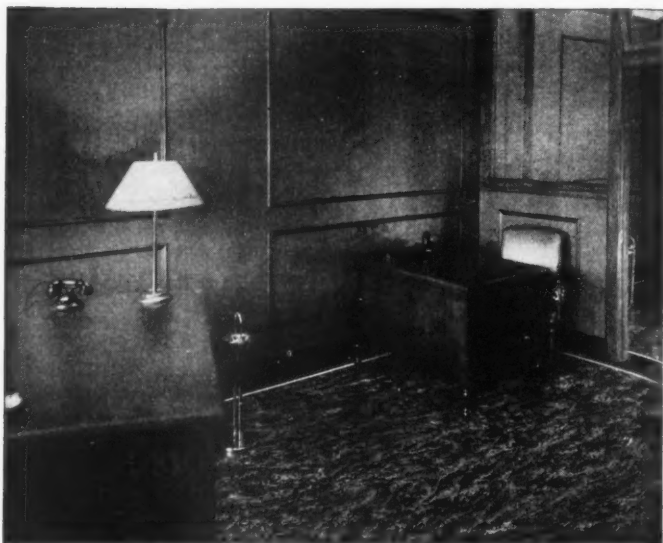
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NOTE: Physicians in Canada should mail coupon direct to Charles E. Frosst & Co., Box 808, Montreal—producers and distributors of Kondremul in Canada.

Prescribe SEALEX LINOLEUM

*for modern, economical
Walls and Floors*



A PERFECTLY smooth, sanitary surface with *no* hiding places for dirt and germs! This feature has had a lot to do with the immense popularity of Sealex Linoleum Floors and Sealex Wall Linoleum among the medical profession.

And look at the other advantages! Both these Sealex materials

are stain-proof . . . water-proof . . . remarkably easy to keep clean . . . and truly *permanent*!

Inexpensively installed by authorized contractors, Sealex materials are backed by a guaranty bond covering the full value of workmanship and materials. Write for details!

CONGOLEUM-NAIRN INC., KEARNY, N. J.

SEALEX LINOLEUM

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— *Floors and Walls* —

I INVESTORS' CLINIC

BY FRANK H. McCONNELL

THE SOUND of approaching inflation, only a low rumble up until recently, is now becoming steadily more audible. New importance is attached, therefore, to the question: Can inflation be controlled?

In other words, can the government pare its expenditures and bring the budget into balance? If it can, inflation will be arrested. If it can not, the dollar will become cheaper and cheaper; and, as a corollary, prices will soar.

Pending a conclusive answer, business and the securities markets are at a crossroads. Business activity continues healthy, but industrial leaders are not sure which way to turn. Their eyes are pinned on developments in the Capitol.

Similarly, the stock market is at a standstill. The bond market, however, seems to have made up its mind. It believes apparently that all is well and that bonds (which would drop sharply in time of inflation) will hold at or near their present high levels.

For the present time, at least, the current seems to be sweeping more noticeably in the direction of inflation than away from it. By "inflation" I do not mean the wild, devastating type which Germany experienced. I refer more specifically to the milder kind, whose main effect would be to boost prices of

wheat, meat, real estate, rentals, certain classes of stocks, copper, oil, and other natural resources.

If this prediction is correct, there are certain industries in which it is advisable to hold and buy shares. Others must be avoided, at all costs. The following paragraphs discuss some of the more important classifications.

Chemicals Attractive

The chemical industry has huge investments in manufacturing equipment and other property. Moreover, it produces its various items from the resources of earth and air. The business has been growing rapidly. It is becoming more and more essential to the life of the nation. It will continue to thrive, with or without inflation. Purchase of an interest in it is eminently worthwhile.

Demand for Sulphur

Sulphur comes from the ground. American deposits are limited. In fact, there are only two great companies in this field, and they dominate it. Between them, although naturally competitors, they share a virtual monopoly. Uses for sulphur are manifold. Since inflation can not be expected to influence the business greatly, its shares may well be bought and retained.

Sweeten Up!

An international pact was signed recently, whose effect will be to restrict the production of sugar cane.

if we didn't tell you . . .



You would never guess by its taste the medicinal ingredient in McNeil's Emulsion Castor Oil.

Complete emulsification in the form of a non-separating creamy liquid thoroughly eliminates the oiliness and unpleasant taste of castor oil.

McNeil's Emulsion Castor Oil contains 50% (by volume) medicinally pure castor oil prepared by a special emulsifying process which divides the oil into microscopic fineness and protects each particle with a tough film. Delicate flavoring assures its palatability.

McNeil's Rosebud Tampons

For prolonged vaginal medication and efficient absorption of secretions.

McNeil Duo-Test Digitalis

Assayed by *two* methods to insure uniformity.
Capsules — Tablets — Tincture

Lubricant "McNeil"

For ease of examination. Sterile and smooth.

McNeil Laboratories
Incorporated
Philadelphia · Pennsylvania

As a consequence, cane sugar prices may be expected to adhere to their present satisfactory levels—perhaps even experiencing a rise.

Yet the cane division of the sugar industry is not the most interesting at this time. Even more engaging from the standpoint of the investor is the beet sugar industry, well developed on the American continent.

Beet sugar is used widely in preserving fruits and in preparing foodstuffs for the American palate. To some extent, also, it appears on the family table.

The international pact relating to cane sugar likewise benefits the coarser-grained beet products. When cane sugar prices go up, beet sugar prices advance also. For at least another year, as a result of the cane sugar agreement, American beet sugar is assured firm prices.

In addition, the American product has the backing of Congress. The government has placed strict limits on the amount of foreign cane sugar which can enter this country.

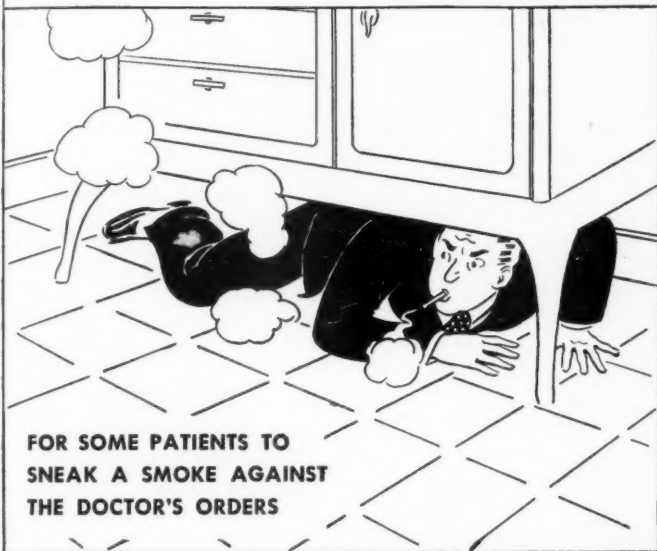
For the reasons cited, purchase of an interest in the beet sugar industry continues to be advisable.

Oil Overflowing

Output of crude oil, from which gasoline and other refined oil products are made, rose sharply not long ago. For a time, therefore, prices of oil company shares took a dip. It was obvious that the industry was drawing more oil from the ground than it could sell.

Fortunately, conditions within the industry have now improved. Production, it's true, continues high, but an offset is furnished in the opening of the automobile season. Summer is virtually here, and

IT'S JUST HUMAN NATURE—



**FOR SOME PATIENTS TO
SNEAK A SMOKE AGAINST
THE DOCTOR'S ORDERS**

When patients have sore throats, colds—and you advise against smoking, you know that your “no smoking” edicts are sometimes broken or ignored.

In such cases, Spud Cigarettes may be of service.

While we claim no therapeutic virtues for Spuds, we can positively say this in their favor:

Spuds are made of the very finest

tobaccos. Scientific tests indicate that Spud's dash of mild menthol lowers the temperature of the smoke as much as 16%—and helps to condense, in the butt of the cigarette, the coal tar ingredients that irritate when inhaled.

Free Spuds for Doctors. Write on your professional stationery, for a free box of 100 Spuds, half plain tip and half cork tip. The Axton-Fisher Tobacco Company, Inc., Louisville, Ky.

SPUD CIGARETTES

15¢ a pack . . . PLAIN or CORK TIPS (plus tax in tax states)



For First Aid Purposes

Mercurochrome. H. W. & D.

(dibrom-oxymercuri-fluorescein-sodium)



May to October is the season of outdoor activity and physicians are constantly called to treat resulting injuries.

For the first aid care of wounds and abrasions Mercurochrome, H. W. & D., has proved to be an effective antiseptic. It is nonirritating and exerts bactericidal and bacteriostatic action in wounds; it has a background of seventeen years' clinical application.

Stock solutions do not deteriorate.

A comprehensive medical booklet will be sent to physicians on request.

HYNSON, WESTCOTT & DUNNING, INC.

Baltimore, Maryland

travel-hungry Americans are motor-ing everywhere.

Oil ranks also as one of America's most valuable natural resources. As such, its worth is bound to enhance in the event of inflation.

Purchase of shares in the industry are therefore advisable—assuming, of course, that such purchases are confined to stocks of the stronger companies.

Rail Equipment

Not long ago, in this column, reference was made to the growing demand among railroads for new locomotives. Now the rail companies are finding that they need new box cars also, to say nothing of new passenger coaches and other types of equipment. This, of course, gives pronounced impetus to the railroad equipment industry which famished throughout the depression.

Also important is the fact that manufacturers of locomotives and railroad cars have vast sums invested in property. In the event of inflation, property is a valuable thing to have.

All in all, the purchase of rail equipment shares appears to have real attraction at this time.

Hold Your Home

At this time especially it is good policy to retain ownership of one's own home. If inflation comes and the purchasing power of the dollar diminishes—in other words, if prices go higher—the mortgagee will be paying off his mortgage with cheaper dollars. Moreover, the value of his house and and property will likewise increase. This trend, of course, works against the mortgagor; so any physician now holding one or more mortgages may

well consider getting out from under.

Utilities Hamstrung

Like some of the other industries mentioned, the utilities have tremendous holdings of manufacturing equipment and property. However, their position in case of inflation is somewhat different. Utility companies may be, and doubtless will be, permitted to raise rates. But here's the catch: Try as they will, they are not going to be able to advance their charges as fast as other prices go up. Hence, their profits are more likely to diminish than to increase. Investors should be guided accordingly.

HOSPITAL SURVEYS

TWO HOSPITAL SURVEYS of local scope but national significance are now receiving widespread attention—one in New York, the other in New Jersey.

The New York (city) Hospital Survey has just been completed. The New Jersey investigation, launched last fall by the Medical Society of New Jersey, is still in process; however, it has already uncovered a number of vitally interesting facts.

Reports of the two surveys follow:

The New York Hospital Survey started two years ago. Its purpose: to formulate a sound basis for a plan to develop facilities for organized care of the sick. It cost over \$140,000. Of that sum more than \$122,000 were contributed by three foundations and two individual

philanthropists. The United Hospital Fund, sponsor of the project, paid the balance.

Among those identified with the survey are Drs. George E. Vincent (former head of the Rockefeller Foundation), chairman of the study committee; Charles Gordon Heyd, president of the A.M.A. (1936-37); and Claude W. Munger, president of the American Hospital Association. Dr. Haven Emerson, international authority on public health, is director of the study.

A number of conclusions arrived at by the study committee possess national import even though based on facts turned up within the New York metropolitan area, to wit:

Lack of coordination among institutions and agencies for hospitalization has caused wasteful expansion. For example, each of twelve voluntary hospitals in New York City had twenty out of every 100 beds standing empty in 1930. Nevertheless, they spent about \$11,000,000 between 1930 and 1935, adding some 900 beds to their total capacity. Result: In 1934, but three of these hospitals were as much as 80% occupied.

Since hospital wards are so overcrowded and hospital expense so high, plans should be made for or-

ganized home care of the sick, avers Dr. Haven Emerson, stressing that such care would cost substantially less than hospitalizing patients. "Many now admitted to general hospitals," he adds, "do not need costly institutional care. Certainly, there are many illnesses, especially in children, in which better results may be expected if the patient is not removed from the home environment."

The New York survey establishes the fact that services contributed by physicians in hospitals are at least equal in value to the total cost of hospitalizing charity patients. It is not reasonable, contends the study committee, to ask the profession to give so much while all other hospital personnel are paid. Ways and means should be considered for providing some remuneration to doctors for services to hospitalized indigents.

The New Jersey hospital survey is directed, for the most part, at general hospitals. However, a number of private, state, and municipal institutions are also being scrutinized. Many of the questionnaires submitted to hospitals throughout the state by the state medical society's advisory committee on hospital relations have not yet been

"My little girl eats them like candy"

says a New York physician.

A 6 grain tablet of sodium bicarbonate and aromatics so palatable the patient doesn't know he is taking soda—does know he receives almost instant relief.



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Sanitary Protection Worn Internally
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OF THE thousands and thousands of women who have used Tampax not one case of irritation...or any other ill effect...has been brought to our attention. AND THE BENEFITS ARE OBVIOUS AND MANY.

Gynecologists and General Practitioners alike agree that Tampax is a safe, hygienic and effective method of absorbing the menstrual flow. The comfort and freedom resulting from its use are obvious. Tampax minimizes odor, because it prevents its formation. Tampax has been accepted for advertising by the Journal of the American Medical Association.

In other words, we feel confident that you need have no compunctions about recommending it to your patients for all cases of normal menstruation, exceptions being those cases of intact hymen where insertion might cause damage.

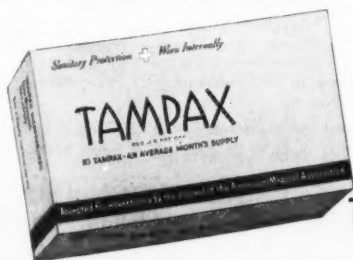
Tampax has many exclusive advantages: Each Tampax comes in its own applicator and can be easily inserted without the necessity of contact of hands or fingers.

The tampon is made of highly absorbent surgical cotton, compressed by a patented process to one-third its original size...so that while insertion is simplified, the tampon expands when moist and can absorb approximately 1½ ounces.

A cord is sewed securely through the cotton, assuring easy and complete removal. Each unit is individually wrapped and sealed in a sanitary wrapper.

FREE TO PHYSICIANS

We will be glad to send to interested physicians a full-size package of Tampax, together with a folder giving more complete details. Address Dept. ME-12.



TAMPAX Incorporated

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answered completely. Therefore, Dr. T. K. Lewis, chairman, says that "It will require several months to complete the compilation of data with sufficient accuracy to warrant a detailed summary or the formulation of trustworthy conclusions."

Nevertheless, the committee feels justified, on the basis of facts thus far assembled, in making this observation:

"More than half of the hospital dollar is derived from paying patients, while more than half of the patients treated are in charity wards." Also, in most localities public funds meet barely half the expenses of hospitalizing indigents. Therefore, the paying patient is taxed far in excess of the actual cost of the care he receives. By the same token, the man who does not have to go to a hospital and

pay for services received there contributes extremely little, if anything, to the cost of hospitalizing the poor.

Because of the facts just cited, the committee declares, the cost of care for indigents should be met through taxing the public at large. Funds thus raised should maintain a plan that would (1) pay for adequate socio-economic investigation of all applicants for free medical service; (2) pay hospitals for care given to charity cases on the basis of ward bed-day occupancy; (3) permit private gifts to be used for financing care of those who can afford only public ward treatment at a rate below cost; (4) create state relief funds out of which private physicians would be paid for services rendered to indigents in their homes or in doctors' offices.

PILKA *for* PERTUSSIS

•

*Equally effective
to relieve all
types of*
COUGHS



PILKA promptly checks the vomiting and reduces the frequency and intensity of the spasms. It permits normal nourishment, shortens the duration of the disease and hastens the patient's recovery.

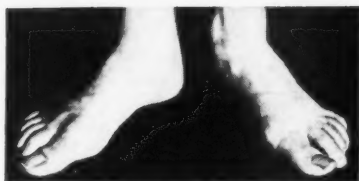
PILKA contains no narcotics and is completely safe for patients of all ages.

In the treatment of other types of coughs, its action is equally prompt and effective. It liquefies tenacious mucous and soothes the irritated membranes. It does not interfere with other medicinal agents which may be employed in the treatment of the patient's condition.

Your card or letterhead will bring a free sample.

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WEAK ARCHES



A typical case of insipient weak foot

Unsuspected foot arch weakness can be—and often is—found the underlying cause of various ills where no objective symptoms are present. Physicians with industrial practices, find these conditions especially widespread.

Removing the muscular and ligamentous strain caused by weak or broken down arches by means of mechanical correction, almost invariably gives the patient grateful relief.

Wm. M. Scholl, M. D., Chicago, has made a lifetime study of the feet. He has designed Arch Supports with special orthopedic features adapted to every type of disturbance in the arch structure.

A unique feature of Dr. Scholl's Arch Supports is their ready adaptability in being *molded* to the nature and degree of arch depression existing in each foot (for no person's two feet are exactly alike). As the condition improves, they are progressively adjusted upward until correction is complete, after which the Supports may be discarded.

Obviously, no so-called "corrective" shoe of one *standard* elevation, which neither can be fitted to the individual needs of the wearer, nor progressively adjusted to facilitate correction—is of any real orthopedic value.

Experts in fitting Dr. Scholl's Arch Supports may be found at all leading Shoe and Dept. stores where Dr. Scholl's Foot Comfort Service is maintained and at the exclusive Dr. Scholl's Foot Comfort Shops in principal cities. Please mail the coupon below for our Professional literature.



Test for Weak Arch

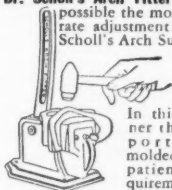
SYMPTOMS:

- Tired, aching feet—fatigue after standing or walking.
- Rheumatoid foot, leg pains.
- Pain in heel, like stone bruise.
- Callosities on soles of feet.
- Pain in knee or hip joint.
- Pains in arch or instep.
- Cramped toes, or corns.
- Swollen feet and ankles.
- Excessive perspiration.
- Shoes wear unevenly on sole, heel, break down in shank.



DR. SCHOLL'S FOOT-EAZER for men and women, relieves tired, aching feet, rheumatoid foot and leg pains. \$3.50 pair.

Dr. Scholl's Arch Fitter makes possible the most accurate adjustment of Dr. Scholl's Arch Supports.



In this manner the Supports are molded to the patient's requirements.

Dr. Scholl's *Foot Comfort* ARCH SUPPORTS

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A WARNING

ARE YOU ONE of that large group of professional men, who, prior to 1935, bought non-cancellable health and accident insurance, renewable to age sixty, with benefits payable for life?

Then put a big red circle around the premium due date on your calendar. Tie a string around your thumb. Do anything necessary to remind yourself to pay the premium *before* it's due.

It has been learned that one of the oldest and most respected companies specializing in this field of insurance is no longer mailing out renewal premium notices. The purpose of this is to bring about the lapsing of your policy and thus to avoid any future liability on a form of insurance that is proving unexpectedly costly from a claim standpoint.

Legally, the company is quite within its right in discontinuing premium notices, since its contract does not promise to send them. The policy reads thus: "The insured shall have the right to renew this policy from year to year upon payment of the premium *on or before the anniversary date.*"

Are all companies now following this practice?

A check-up of several others re-

veals that one is sending out a single notice only. Another is sending the usual two notices, spaced two weeks apart. But both are refusing to accept premiums if tendered a day late.

Still another company has already wiped out practically all its non-cancellable lifetime indemnity risks by eliminating premium notices entirely. Others will likely follow suit.

These disclosures may prompt the conclusion that it would be better not to have insurance in such companies anyway. But that is not so. Although non-cancellable health and accident insurance is still written in conjunction with life insurance, its cost today is higher by a wide margin. Moreover, indemnities granted are radically less. The limitations of a non-cancellable policy today make one of the old non-cancellable policies relatively priceless.

Much of this insurance is being carried with the premiums payable quarterly or semi-annually, instead of annually. This is now unwise. It gives the company two or four chances a year to drop you.

So pay your premiums annually. And pay them *before* they're due!

READERS have told MEDICAL ECONOMICS that the following farming towns need physicians: Carsonville, Michigan; Minden City, Michigan; Galena, Maryland.

ORAL TREATMENT OF DIABETES MELLITUS

PANCREPATINE

Average dosage 2-4 globules t.i.d. • Write for samples and literature.

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Combines
hormones of
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**Tell your
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*Ralston cooks
in 5 minutes*

**The Hot Whole
Wheat Cereal
Enriched with
Extra Vitamin B**



Because so many mothers insist on using easy to prepare cereals, it's important that you remind them that Ralston cooks in 5 minutes. And of course, it's even more important to you and to your patients to know that Ralston is . . .

• **A WHOLE WHEAT CEREAL . . .** with the bran removed . . . providing an abundance of the body-building, energy-producing elements that come from choice whole wheat.

• **DOUBLE-RICH IN VITAMIN B . . .** pure wheat germ is added to Ralston to make it 5 times richer in vitamin B than natural whole wheat.

• **PALATABLE AND ECONOMICAL . . .** tastes so good that the whole family likes it—and each generous serving costs less than one cent.

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Please send me information that will be helpful in evaluating cereal diets as compiled in your Research Laboratory Report on Ralston Wheat Cereal.

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Name _____ M.D.

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(This offer limited to residents of the United States)

TYPHO-SEROBACTERIN MIXED

THE approach of hot weather brings the constant threat of typhoid and paratyphoid fevers. Fortunately, however, the value of immunization against these infections is well established.

Typho-Serobacterin Mixed, being a sensitized bacterin or antigen-antibody combination, possesses distinct advantages over plain bacterial vaccines. It offers a degree of passive immunity during the period of lag or "negative phase" which precedes the development



of active immunity in the use of plain bacterial vaccines.

Local and general reactions are reduced to a minimum. Further, the combination of antigen and antibody permits the administration of larger doses (i.e., as to bacterial count) and more frequent injections to stimulate maximum immunity response.

Typho-Serobacterin Mixed is supplied in three-syringe and three-vial single-immunization packages, and in five-cc. and twenty-cc. vials.

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☆ THE NEWSVANE ☆

BABY SUBSIDY PROPOSED

Every mother in New York State, rich or poor, married or not, will receive \$75 for the birth of a child, if Assemblyman Fite, professor of political science at Vassar College, pushes a unique bill through the state senate. He steered it successfully through the assembly on the ground that it would help to give every baby a healthy start.

To those who criticize the bill because it includes *all* mothers, Professor Fite explains that only a small percentage of mothers are expected to apply for the bonus. The \$75 will not be paid directly to a mother, but to her doctor, hospital, or other similar agency. She will also be required to report to a physician during the first three months of pregnancy.

Estimated cost of the bill: \$14,000,000. The state is expected to pay one quarter; local taxpayers, one quarter. The rest is expected to come from godfatherly Washington.

MESS OF POTTAGE

By the flickering light of a kerosene oil lamp, using the back of a calendar, Dr. Hans William Bencker, of Jamaica Plains, Massachusetts, drew up a will for a dying old lady whom he had met for the first time a few hours previously. That happened a little over a year ago. The unusual service had its end result recently when Dr. Bencker, branded guilty of gross misconduct for accepting a \$10,000 bequest made in the will he himself had drawn, was deprived of his license to practice.

He had promised to contribute his

share of the estate to local public hospitals. When, after some eight months he failed to do so, he was hailed before the state board of registration in medicine. After a series of meetings, that body decided he had no right to continue practice.

MEDICAL AID TOO GENEROUS

When the *Hindenburg* exploded over Lakehurst, New Jersey last month, medical response to the need for aid amazed authorities in charge of care for the injured and dying. "There must have been six doctors here for every survivor," said Lieutenant George Watson, of the Naval Intelligence Office. "We had to turn them away."

FEDERAL REVAMPING STALLED

Political stumbling blocks are impeding the progress of President Roosevelt's plan to revamp the executive branch of the federal government. One of the features of the plan is the combining of all federal health activities into a single Department of Public Welfare under a new cabinet member.

Reports received from Washington last month cite the following as the chief reasons why the reorganization project is moving along a good deal more slowly than President Roosevelt would like to have it and why a knock-down-drag-out battle is expected:

1. The reorganization called for would reduce the number of jobs and thus limit legislators' opportunity for patronage.

2. On the other hand, cutting down on federal bureaucracy would also

mean reduced taxes—a popular move among the folks back home.

Senators and congressmen, faced with these conflicting elements, are in a quandry. Having in mind the necessity of pleasing the greatest number of their constituents, they will probably move with extreme caution in considering the reorganization issue.

Dr. Floyd S. Winslow, president (1936-37) of the Medical Society of the State of New York, has declared that the government's public health activities should be separated from its social welfare activities. He has also stressed the importance of having matters of public health directed by a medical expert, not by a lay administrator. In an address before the Cornell University Medical School Alumni Association at its recent banquet, Dr. Winslow said: "What will work and what will not work in medical and health matters is not by any means so apparent to a man without medical education as it is to a doctor. . . In cases of the highest practical importance it has frequently been the case that a non-medical administrator makes decisions against competent advice because incompetent advice sounds more plausible to him." He urged the profession not to rely solely on medical society resolutions in presenting their views against the proposed health and welfare department. "Such official pronouncements," he explained, "are not persuasive."

DRAMATIC PURGE

Drama is now prescribed as an emotional cathartic for mental patients in Bellevue Hospital, New York City. Adolescent girls in the psychiatric ward write their own plays, design scenery and costumes, and present their efforts before audiences of other patients. Enactment of the plays produces, in both actors and spectators, the emotional purge which Aristotle claimed to be the basic aim of drama.

This is proving of great value in the diagnosis and treatment of mental illnesses, says Dr. Karl Bowman, director of the psychiatry department. It is particularly successful, he adds, with socially maladjusted patients. Often, in the excitement aroused by the production of a play, these girls will reveal causes of their mental conflicts that no other technique has uncovered.

Mock trials, scenes from Shakespeare, and negro spirituals by colored patients have been presented in the psychiatric theatre. The dramatic experiment was started five months ago under the direction of the Community Drama Unit, a WPA project.

SPECIAL PUBLICITY AGAIN

For the third successive year the Sedgwick County (Kansas) Medical Society has sponsored a one-day newspaper supplement devoted to medical publicity. The feature was first run in the *Wichita Beacon* in 1935. Last

For the prevention and treatment of
STAPHYLOCOCCIC INFECTIONS

TABLET STANNO-YEAST

(STODDARD)

*for infections caused by
Staphylococci such as*

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We know exactly how Jack felt about that BEANSTALK



Eight years ago we planted a seed. It took the form of a bulletin presenting crisp, concise reviews of current scientific literature on infant feeding, general nutrition, and milk. It aimed at giving busy men the *meat* of the month's comment and reports on these subjects—impartial, authoritative abstracts from some 150 medical and scientific journals.

Price, nothing. Advertising, none. Title, "The Borden Digest." Circulation, 50.

But...how our modest little seed did grow!

After eight years, we find "The Borden Digest" offering its helpful, boiled-down information monthly to more than 18,000 physicians—360 times the number of professional men it served back in 1928.

Its aim, its function, are the same. Its price, still nothing. Advertising, still none. "The Borden Digest" is one of Borden's many practical services to physicians.

If you realize, for a moment, the impossibility of any doctor reading 150 professional magazines a month...and if you think, then, that this summarizing job so many doctors have found helpful might help you...just drop us a line, asking to be put on "The Borden Digest" list.

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year, pleased with the results of its first organized publicity venture, the society arranged to have the special supplement published in the *Eagle* as well as in the *Beacon*. Both are leading Wichita dailies.

This year the *Eagle* carried sixteen pages, the *Beacon* eight pages, featuring local medical lore designed to give readers a better understanding and appreciation of the medical men who serve them. These annual supplements are prepared by the society's committee on public education in collaboration with the staff of each paper.

Less reassuring to local physicians was a full page of publicity stories and advertisements which appeared in the May 3 issue of the *Oakland, California Tribune*. It was dedicated to the proposition that laymen "should have an examination by a registered optometrist" at the first indication of eye trouble and was sprinkled liberally with statements to that effect by various optometrists. In the opinion of many *Oakland* physicians, the feature page may well have routed a number of eye patients from M.D.'s to O.D.'s.

\$2,000,000 TO PROBE MIND

Convinced that mental hygiene "is the most backward, the most needed, and potentially the most fruitful field in medicine today," the Rockefeller Foundation allotted more than \$2,000,000 in 1936 for research on diseases

of the mind and experimental biology. In his recently released annual report on the foundation's activities, President Raymond B. Fosdick explained that "science is standing on the shore of a new continent" in its search for a solution to mental ills.

Last year the foundation also gave over \$1,000,000 for general research in genetics and psychology; renewed its grant of \$75,000 to the National Research Council's committee for investigation of the problems of sex; and devoted \$900,000 to the study of biology.

"Amid too much shouting and disagreement among doctors," Mr. Fosdick said, "in 1936, as in previous years, and in other programs, the foundation followed a policy of putting its eggs into more than one basket . . . The foundation has no illusion that the complete answer to the problem of mental abnormality lies in any particular approach."

MEDICAL ENROLLMENT DOWN

Doctors can allay their fear that the profession is becoming overcrowded, says the Association of American Medical Colleges. The number of freshmen enrolled in medical schools for 1936-37 is the lowest for many years. This number will be even smaller when the high "mortality" of first-year men is taken into account.

Reports received by the association



Leukorrhea Can Be Checked

. . . Often with local treatment alone. The unmarried woman with leukorrhea shrinks from a pelvic examination. Control her discharge quickly with MICAJAH'S MEDICATED WAFERS

—astringent, styptic and decongestive.

One wafer inserted high up in the vagina after cleansing douche markedly checks discharge, markedly increases comfort.

Sample to the medical profession on request.

MICAJAH & COMPANY, 264 Conewango Avenue, Warren, Pa.

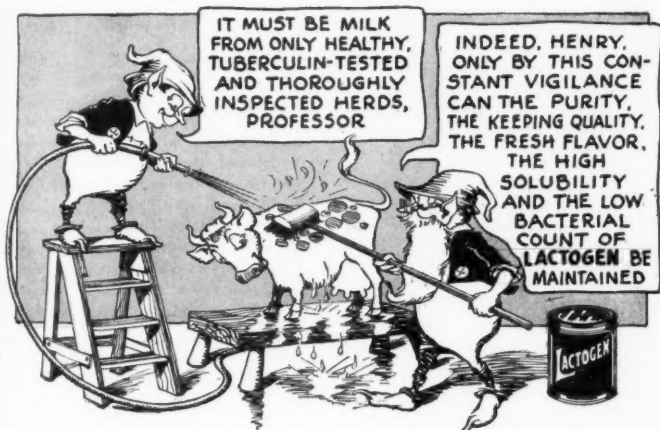
DR.

ADDRESS

**DOCTORS
DEPEND
ON THEM**

LACTOGEN just cannot be made from inferior or old milk

It is impossible to make a high milk-fat, spray dried, modified cow's milk that will "keep"—without extreme care as to the quality of the milk used



**Therefore, Lactogen
can be made only from
High Quality Milk!**

FOR Lactogen, with its high milk-fat content, prepared with special avoidance of "drastic heat" by a process never more severe than pasteurization, *compels* the use of strictly pure, clean, fresh milk of very low bacterial count.

Milk for Lactogen is obtained only from tuberculin-tested herds in regularly-inspected dairies, and is thoroughly checked for cleanli-

ness and bacterial count before it is accepted. Only by this constant vigilance can the purity, the keeping quality, the fresh flavor, the high solubility and the low bacterial count of Lactogen be maintained.

In other words, both the formula of Lactogen and the milk processing are a definite guarantee to physicians that Lactogen just cannot be made out of ordinary milk. Milk for Lactogen cannot be just "fair"—it must be the highest quality, or Lactogen simply cannot be manufactured commercially.



For Literature and Samples of LACTOGEN, please send professional blank to

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DEPT. L-4—155 EAST 44th STREET, NEW YORK, N. Y.

from all sections of the country indicate that there are not enough young doctors to fill the need caused by death, removal, and increase in population. Each year more graduates forsake private practice for the fields of public health, hospital administration, teaching, and research. Overcrowding in the larger cities is still a menace to economic security, says the association, but at present there is no solution to this problem.

In this year's freshman class over 55% hold a bachelor's degree; a mere 9.8% have had less than three years of preparation.

Each year, reports the association, an increasing number of medical graduates do not enter the practice of medicine *per se* but enter ancillary fields to become health officers, hospital administrators, teachers, research workers, etc.

NUB OF SYPHILIS PROBLEM

Surgeon General Thomas Parran, Jr., of the U. S. Public Health Service, addressing the recent twenty-first annual convention of the American College of Physicians, stated that doctors have been more willing to cooperate in the campaign to stamp out venereal diseases than in any other public health drive. The important phase of the campaign, he explained, is to discover how much of a problem it is going to be to control syphilis and gonorrhea in various specific areas.

The chief difficulty in this phase of the campaign, he said, is created by the many hospitals which do not list syphilis or gonorrhea cases. Thus, it is almost impossible to accumulate accurate figures showing how many patients are admitted for venereal disease treatment.

DIPLOMA MILL SHUT DOWN

Five men charged with operating a bogus medical diploma and license racket have been tripped up by Jim ("Bonny Prince") Farley's postal inspectors. Charged with using the mails to defraud, they were brought before the United States District Court in St. Louis, Missouri several weeks ago. Typical of the evidence uncovered during the trial is the following:

After paying \$500 for a license never seen, much less signed, by any state medical examining board, one witness felt somewhat ill at ease over his lack of medical training and experience. Yet by the simple expedient of paying \$50 to one of the five defendants, he was able to secure a place as intern in the American Hospital, S. Louis. His "internship" lasted from September to December, 1933. "Then," said the witness, "I went to Wynn, Arkansas, rented an office, framed my diploma and hung it on the wall, and started the general practice of medicine." He boasted that he had performed "a number of minor surgical

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ARROW SERVICE

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Please send me your FREE,
Physicians' Collection System.

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You mail the notices to patients, the money comes direct to you, unshared. Response is immediate and cordial relationship is maintained. Hundreds of physicians, clinics and hospitals everywhere use and recommend this system. It is yours for the asking. Use the coupon.

Why Substitute Goat Milk?

..IN MILK ALLERGY



Because the protein chemistry is different from that of cows' milk.

This is the reason Meyenberg Evaporated Goat Milk is often successful when substituted in eczema, asthma and other allergic cases when due to an indicated or suspected intolerance to the lactalbumin, or protein, of cows' milk.

Meyenberg Evaporated Goat Milk is pure, whole milk, produced from selected herds of properly fed goats, processed by stainless steel equipment under constant supervision of dairy experts

and bacteriologists. The result—a dependable, sterile, uniform product.

Available in 14 oz. can (makes 1 qt.) through high-grade grocers and druggists. Try Meyenberg Evaporated Goat Milk in your next difficult feeding problem.

Clinical samples, descriptive literature, and name of nearest dealer sent on request.

GOAT MILK PRODUCTS COMPANY

1039 SOUTH OLIVE STREET, LOS ANGELES, CALIFORNIA

operations and delivered quite a few babies—perhaps a dozen or more.”

If the government wins its admittedly air-tight case, the defendants will be subject to a maximum penalty of five years’ imprisonment and \$1,000 fine for using the mails to defraud and to two years’ imprisonment and a \$10,000 fine for engaging in a conspiracy to defraud.

PERMANENT FRAUD BUREAU

An accident fraud bureau to investigate doctors, lawyers, and others implicated in fake accidents will be permanently established in New York City. District Attorney Dodge will maintain the bureau to carry on the successful work of the accident-racket inquiry which formally ends in June. This investigation, started about a year ago, concentrated upon fraudulent automobile, workmen’s compensation, and landlords’ liability claims. More

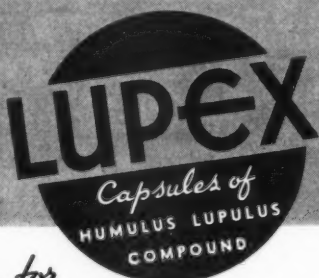
than 90% of the cases tried resulted in convictions of lawyers, doctors, and leaders of accident rings. Reports on 48 physicians are now in the hands of the State Medical Grievance Committee.

WEEK FOR WEAK FEET

A drive to make Americans conscious of their foot ills and of the necessity for securing proper treatment has been scheduled for the fifth to the twelfth of this month. The campaign was inspired in part by estimates that some 80,000,000 Americans walk on feet that need corrective attention. William M. Scholl, M.D., of Chicago, will direct the activity.

BOOM IN HOSPITALS

Hospital authorities are beginning to realize that their job is becoming larger than ever before. Most recent indication to that effect is the report



for

DYSMENORRHEA AND METRORRHAGIA

are equally valuable in the first stage of labor and for after-labor pains.

Thousands of enthusiastic clinical reports from physicians all over the country attest the outstanding value of Lupex in each of these uses.

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SUSPENSORIES

FOR MAXIMUM SUPPORT AND COMFORT

Johnson & Johnson Suspensories have been designed and improved over a period of 50 years to meet the exact requirements of the profession. The finest of materials and scientific construction provide correct fit and fullest protection. Physicians recognize the many distinct features and advantages.

There is a complete range of styles and types suitable for every case—from extra-small to double-extra-large sizes. Purchasers are always urged to obtain physician's counsel on the type of suspensory to wear.



J. P. 45

Self-Adjusting Type. For slender men. Cotton pouch is suspended from sides, providing a correct upward pull. Non-elastic waistband; no understraps.



LONG LIFE 101
Drawstring Type



DIAMOND J
Army and Navy Type



FREE—PHYSICIANS' SUSPENSORY GUIDE

An informative reference booklet to aid the physician in selecting quickly the suspensory he recommends. It is pocket-size, complete and up-to-date. Write for your copy today.

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IT MAKES THE
slightest murmur
LOUD and CLEAR!



Western Electric's powerful little Electrical Stethoscope amplifies heart sounds up to 100 times the intensity heard with an acoustical stethoscope. Its filter circuit isolates and accentuates murmurs.

The Electrical Stethoscope makes diagnosis of heart conditions much easier—even in their early stages. It is particularly helpful in consultations, since it enables two doctors to listen *simultaneously* to sounds from the same body location.

For details: Graybar Electric Co., Graybar Building, New York.

Western Electric
ELECTRICAL STETHOSCOPE

of Dr. S. S. Goldwater, commissioner of hospitals of New York City. Every branch of his department, the world's largest, rendered a record-breaking volume of service last year. Over 265,000 persons were hospitalized in the city's institutions; over 7,000 a day were handled in its out-patient clinics.

HEALTH CONGRESS FOR FAIR

The National Health Council revealed last month that it has joined the advisory committee on medicine and public health of the 1939 New York World's Fair in laying plans for an international health congress to be held during the fair. Dr. Donald B. Armstrong, president of the council, explained that the time will be particularly ripe since hundreds of medical specialists and public health authorities from countries all over the world will then be in New York to see the fair.

*At your next
Medical Society Meeting*

Display these six Health Insurance Panels

They show briefly and graphically the highlights of (1) the future of private practice; (2) state medicine—as practiced in Russia; (3) compulsory health insurance—as practiced in Great Britain; (4) voluntary health insurance—as practiced in the United States; (5) group hospitalization; (6) the Washington Plan. These panels have been shown already among the scientific exhibits at a number of medical society meetings. They measure 30" x 40" in size, and are mounted on composition board. Any recognized medical society may borrow them upon payment of transportation charges only.

MEDICAL ECONOMICS
Rutherford, N. J.

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CLUB FOR TWINS

When a mother from Jamestown, New York sought her advice on rearing twins four years ago, Dr. Margaret Wylie, of Cornell University, suggested that she invite other mothers of twins to form a study group. Jamestown, says a recent newspaper report, proved a "natural" for such an enterprise—it boasted 72 pairs of twins.

The Cornell Twin Study Club was quickly organized and today, under Dr. Wylie's supervision, 52 pairs of twins are the subject of its scientific scrutiny.

Parents keep a daily record of everything the twins do and say. These findings serve as a practical basis for studies of mental and physical health, relationship to other children, etc.

Special attention is being paid to the characteristics of identical twins. Fingerprints and footprints of all the twins have been sent to the Department of Justice at Washington in an

A SURPRISE TO THE SKEPTICAL

ROLICIN, the new, revolutionary and only *neutral** oleum ricini is so superior to all other forms of castor oil that one prominent physician writes: "...has found prompt favor with my patients...beats anything of like nature I have tried."

No need to remain a skeptic. Try Rolicin—you'll be most agreeably surprised.

One size only—3½ ounce refinery-filled, hermetically sealed bottles. Literature on request.

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BRAND OF OLEUM RICINI U.S.P.

New super-refining process
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*Free from all oil-soluble impurities and free fatty acids.



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CAMPHO-PHENIQUE LIQUID

Non-irritant, colorless, stainless, soothing. Ideal as a healing moist dressing which requires no bandage.

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The same specific components in a smooth homogenous unguent base. For lasting bactericidal action, to allay the spread of infection, for local analgesic, antiseptic, or antipruritic effect.

CAMPHO-PHENIQUE POWDER

A smooth, fine white powder, efficient and dependable for antiseptic dressings. As a dry absorbent dressing, to decrease the spread of serous exudate, inhibit bacterial growth, assist tissue healing.

USE THIS COUPON FOR CLINICAL SAMPLES

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Please send me samples of all three forms of Campho-Phenique.

M.D.

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City & State

effort to discover if the prints of identical twins are similar.

The club has accumulated figures showing that twins are born most frequently to parents between thirty and forty years old. Twenty out of 27 members were over thirty when their twins were born.

BIBLIOMANIAC

A number of Chicago physicians are wondering whether the actions of a certain unknown woman are symptomatic or merely quixotic. She has spent nearly \$200 to have several book stores send doctors copies of a new novel, "Time at Her Heels," by Dorothy Aldis.

Along with each book goes a request that the recipient keep it in his reception room. To amazed salespersons the eccentric bibliophile has explained that she likes the novel, spends a good deal of time in physicians' offices, and wishes to finish reading it while she waits.

GERMS, NEW AND ANCIENT

Discovery of a parasite heretofore unknown in North America, has just been announced by the Rockefeller Institute. Two years ago, while experimenting with viruses causing influenza, smallpox, and infantile paralysis, workers at the institute accidentally discovered this barely visible immigrant. Since then they have been busy verifying its nature.

They find that the parasite, identified as a toxoplasma, produces fever in monkeys and causes symptoms similar to those of meningitis in guinea pigs and mice. It is also suspected of attacking humans.

The discovery is considered important because the parasite bears a resemblance to the invisible viruses which at present are baffling research.

Another batch of foreign bacteria gave Scientist Ira B. Bartle a jolt recently. In a chunk of the 8,000-year-old Pyramid of the Sun, at Teotihuacan, Mexico, he found sleeping bacteria. Awakened from their 8,000-year snooze, they immediately started to reproduce.

AMERICA'S EYES OPENED

A long-continued drive against babies' eye ills has reduced attendance at schools for the blind by 75% since 1908, states the National Society for the Prevention of Blindness. The society announces that it will continue to fight blindness and vision impairments with publicity weapons—exhibits, displays, and motion pictures.

MEDICINE BAD FOR HEARTS

Being a doctor is four times harder on the heart than being a farmer; about 50% harder than being a lawyer or a banker. This cheery news comes from Dr. Harry L. Smith who bases his contention on facts gleaned during a study

SYPHILIS PRIMARY • SECONDARY TERTIARY

THIOBISARSON prevents Leucopenia, and increases rate of resolution of luetic lesions and aids in rendering the Lymphatic glands sterile. Causes rapid disappearance of the Treponema from primary and specific lesions, usually within 48 hours. Has the property of penetrating, diffusing, and destroying spirochetes in the central nervous system and appearing in the spinal fluid. Solution is stabilized, ready for instant intramuscular use.

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CHEMOTHERAPEUTIC SPECIALTIES

THIOBISARSON is a synthetic metallo-dye organic compound containing bismuth and organic pentavalent arsenic—all in one molecule; with approximately 36% Bismuth and 13% Arsenic.

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Nutrition IN EVERY DROP Trophonine



• • • a delicious,
nutritious, liquid tonic food • • •
is adequate in itself for patients who may be
unable to accommodate solid nourishment.
Or it may be beneficially employed as a
desirable accessory where additional nutri-
tion is indicated. Trophonine represents a
concentrate of five food elements, rich in
proteins and carbohydrates. Its partly
digested form assures easy assimilation,
relieving the gastrointestinal system of con-
siderable burden. And — it is really very
palatable.

Indications: Acute illnesses, fevers, con-
valescence, inflammations of alimentary tract,
anemia, following operations, and wherever
solid food is interdicted. It is particularly
useful for children and the aged.

Formula: Beef, malt, barley, milk and cocoa.

Dosage: As the only nourishment, 1 to 2 table-
spoonfuls every three hours; as a secondary
food, $\frac{1}{2}$ to 1 tablespoonful four times a day.

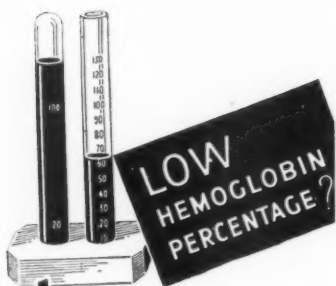


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MEDICAL ECONOMICS • JUNE • 119



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GUDE'S PEPTO-MANGAN is a neutral organic solution of true peptonate of manganese and iron. It helps add hemoglobin to the blood, making it rich and red, building resistance to colds and illness. Very palatable.



**Liquid and
Tablet form**

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Samples and further information gladly sent upon receipt of your personal card.
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M. J. BREITENBACH CO.
160 Varick Street, New York, N. Y.

of 1,831 patients at the Mayo Clinic.

Heart trouble concerns the U. S. Census Bureau also. It has just compiled statistics on the causes of death, showing that cardiac disease still tops the list of leading death dealers in the U. S. It was fatal to 312,333 in 1935, to 303,724 in 1934.

Cancer is increasing its reputation as Public Enemy Number Two, the bureau adds. Pneumonia and diabetes are runners up. While tuberculosis shows a steady decline.

TWINS VIA PHONE

When a multipara called up the Chicago Maternity Center to say that her baby was on its way, a quick-witted obstetrician gave her instructions over the phone. Hanging on for dear life, the woman gave birth to a boy. Before the doctor hung up she had another boy. The whole business was over in thirteen minutes.

TO STYMIE SUICIDES

Despondent Japanese lovers who choose the sulphurous pit of Mount Mihara for their last tryst must now buy round-trip tickets to the famous suicide island.

Despite this broad hint by the steamship company, suicides continue to increase. Barricades around the pit and strict police vigilance likewise have failed to deter life-sick lovers. There were 619 suicides last year;

TAXOL

for Chronic Constipation

The mild, harmless and effective action of TAXOL in cases of stubborn Constipation makes it the prescription of choice. Backed by important clinical tests, it is worth your trial NOW! Send for generous sample today.

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1841 Broadway, New York

Supplies needed nutrition

EASY TO DIGEST

	1 Ounce of Cocomalt adds	1 Glass of Milk (8 Liquid Oz.) contains	Result! 1 Glass of Cocomalt and milk contains
IRON	0.005 GRAM	*TRACE	0.005 GRAM
VITAMIN D	81 U. S. P. UNITS	*SMALL AMOUNT; VARIABLE	81 U. S. P. UNITS
CALCIUM	0.15 GRAM	0.24 GRAM	0.39 GRAM
PHOSPHORUS	0.16 "	0.17 "	0.33 "
PROTEIN	4.00 GRAMS	7.92 GRAMS	11.92 GRAMS
FAT	1.25 "	8.53 "	9.78 "
CARBOHYDRATES	21.50 "	10.97 "	32.47 "

★Normally Iron and Vitamin D are present in Milk in only very small and variable amounts.

†Cocomalt, the protective food drink, is fortified with these amounts of Calcium, Phosphorus, Iron and Vitamin D.

DOCTORS often say that, during convalescence, one of the greatest problems is nutrition. In such cases many physicians have found Cocomalt helpful. It is a particularly good source of food energy and young and old alike find it easy to digest.

An ounce serving of Cocomalt increases the food-energy of a cup or glass of milk 70%... this quantity of Cocomalt adding 4.00 grams of Protein, 21.50 grams of Carbohydrates, .15 gram of Calcium and .16 gram of Phosphorus to the milk. More important, each serving of this protective food drink contains

81 U.S.P. Units of Vitamin D which aids the system to utilize the calcium and phosphorus. The Vitamin D is derived from natural oils and biologically tested for potency.

In addition, each serving of Cocomalt provides 5 milligrams of effective Iron that has been biologically tested for assimilation...enough Iron to supply 1/3 of the daily nutritional requirements of the normal patient.

Cocomalt is inexpensive and is available at grocery and drug stores in 1/2-lb. and 1-lb. purity-sealed cans. Also, for professional use, in the economical 5-lb. hospital size.



Cocomalt is the registered trade-mark of R. B. Davis Co., Hoboken, N. J.

You are cordially invited to the exhibit of Cocomalt on June 14-18, at the Catholic Hospital Association, Stevens Hotel, Chicago, Ill.

FREE TO PHYSICIANS

R. B. DAVIS CO., Dept. M-6, Hoboken, N. J.
Please send me a free trial size can of Cocomalt.

Doctor _____

Street and Number _____

City _____ State _____

over 2,000 in the past six years.

A more scientific approach to the problem of curbing wilful deaths has just been started by the New York University Medical College. In co-operation with the Committee for the Study of Suicides, Inc., the college is making a one-year survey of the problem. Workers will gather material from the clinics of Manhattan's Bellevue Hospital.

HOSPITAL STRIKERS GUILTY

Indignant testimony by supervisors of the Jewish Hospital, Brooklyn, has convicted sixteen former employees of the hospital who participated in a recent sit-down strike (see May issue, page 82).

Witnesses declared that diapers and linen supplies ran dangerously low, that blankets were scarce, laboratory glass unwashed, and elevator service curtailed. Interns and nurses also testified, saying they were forced to wash

dishes, run errands, and clean floors.

The defendants claimed that hospital routine was not disrupted by the strike; that the supply of linen was adequate. Nurses in charge of the obstetrical and surgical departments supported this claim.

"If there was no shortage of linen, what are we being charged with?" the defense counsel demanded.

"If you don't know what you're being charged with by this time, I'm not going to tell you," one of the three justices retorted.

The defendants were unanimously convicted, on four counts, of endangering property and the lives of patients. Each count carries a maximum term of six months.

This case marks the first time that an old New York statute has ever been invoked. The statute makes it a misdemeanor to endanger property or human lives by a refusal to work. Defense lawyers declared it unconstitu-



May we send you our booklet
"By a Jury of your Colleagues"?

The Successful THERAPEUTIC TEST

Usually one hundred clinical cases treated successfully in a laboratory test establish the merit of a pharmaceutical preparation.

SANMETTO

boasts more than 14,000 letters received from practicing physicians located in many corners of the world commending its efficacy in actual daily routine practice. This is successful therapeutic evidence of the most reliable nature. This widely recognized preparation is recommended to:

Soothe the inflamed mucous membrane and ease the distress in acute and chronic infections of the urinary tract. Minimize pain and assist recovery after urogenital procedures. Reduce the discomforts secondary to an enlarged prostate.

SANMETTO administered orally has a salutary effect from kidney to meatus.

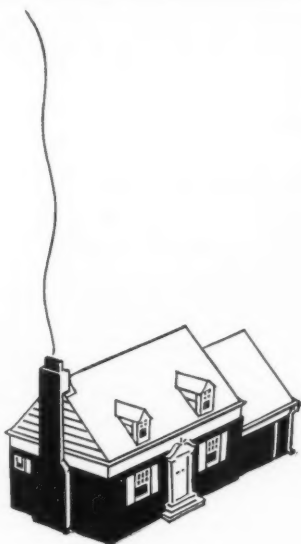
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WHAT IS HOME WITHOUT A GOOD LINIMENT

For over forty years Absorbine Jr. has served a useful purpose in millions of homes—a good, safe liniment for the emergency relief of muscular soreness and stiffness, bumps, thumps and bruises. It is also effective in soothing common ringworm conditions of the feet—often referred to as Athlete's Foot. We will gladly send you a professional-size bottle so you may make your own observations as to its merits. Write W. F. Young, Inc., 207 Lyman St., Springfield, Mass.

ABSORBINE JR.

Permanent Income Protection

To be of permanent value during your working years, your income protection must be on a permanent basis. That means it must be **NONCANCELLABLE**.

The Monarch Life Insurance Company, one of the first to issue **NONCANCELLABLE PROTECTION**, is one of the few companies who have continued to offer it to the present day without interruption and without change in the fundamental principles.

The **NONCANCELLABLE** principle is the safeguard of your insurance. It is the guarantee that you will have it "when you need it most." The difference between **NONCANCELLABLE** and ordinary insurance is the difference between **OWNING** and renting your home.

Demand **NONCANCELLABLE** protection.



**MONARCH
LIFE INSURANCE CO.**

Springfield, Massachusetts
**Life—Accident and Health
Insurance**

tional. If applied to this case, they argued, the statute would be used in the future "in every strike situation to force workers to labor involuntarily."

The guilty men received suspended sentences.

WATCHED LINCOLN DIE

The original notes of Dr. Charles S. Taft, an army surgeon who ran to attend Abraham Lincoln after he was shot, were exhibited recently in the office of Dr. A. S. Rosenbach, of Philadelphia.

Dr. Taft describes the confusion at Ford's Theatre immediately after Booth fired.

"I heard several shouts for a surgeon. I sprang upon the stage, calling out that I was a surgeon, whereupon I was seized by several men and lifted up to the state box. When I entered, the President was lying upon the floor, surrounded by a number of men who were about lifting him to remove him."

The notes go on to describe in detail Dr. Taft's efforts to save Lincoln's life. They give a clinical record of the dying Emancipator's pulse and respiration until the heart ceased to beat "at twenty-two minutes ten seconds past seven."

"HIGHER WALKS" LOWERED

Professional careers would lose caste in the eyes of young hopefuls if Dr. M. R. Trabue, director of the division of education at the University of North Carolina, had his way. By the same token, non-professional work would take on new lustre.

Dr. Trabue lamented recently to the directors and committeemen of the second annual Career Conference for

OLIODIN FOR NOSE AND THROAT
Iodized Oil Compound. Used in the treatment of head colds, nose and throat affections.

OPHTHALMIC SOLUTION No. 2
For the eyes. Oxyecyanide of Mercury with Zinc. In the treatment of Conjunctivitis, irritation, eye injuries, etc.

THE DELETON COMPANY
Capitol Station, Albany, N. Y.

(6th of a SERIES)

Salines

In Familial Constipation

Weak, feeble-acting colons are frequently encountered among members of the same family. Salines are decidedly helpful in familial constipation, and safe to administer even over a long period.

Sal Hepatica

simulates the properties of famous mineral spring waters. The intestines are gently, yet thoroughly, cleared of harmful waste by heightened osmosis and increased peristalsis. Natural mineral salts aid in conservation of body alkalines, thus helping to build resistance and to combat

the acidity that so often accompanies constipation.

Sal Hepatica also stimulates an increased rate of bile flow from the liver into the gall bladder and thence, into the duodenum . . . Send for samples of palatable, effervescent Sal Hepatica; also literature.

Sal Hepatica Flushes the Intestinal Tract and Aids Nature to Combat Acidity



BRISTOL-MYERS CO.

19-II WEST 50th STREET
NEW YORK, N. Y.

High School Graduates that the average American school teaches its pupils by "effective insinuations" to look down on the trades, factory work, and service jobs, and up to the professions. He decried constant harping by school mistresses and masters on the phrase "the higher walks of life." A good garage mechanic, he said, is a lot better than a mediocre teacher.

MICKEY MOUSE, D.D.S.

Animated cartoons on the ceiling above a dentist's chair make a great hit with children, according to Dr. H. Stanley Dwyer, of New York. They divert the child's mind and allay his fears the dentist believes.

CHARACTER BY SEASONS

Your birth month has no influence over your life, declares Dr. William F. Petersen, Chicago embryologist. The governing factor, he says, is not the date of birth, but it *may* be the season at the time of conception.

He explained this theory a few weeks ago in an illustrated lecture before members of the American Association of Physical Anthropologists, and produced statistics and research data in support of his assertions.

A person conceived during the unstable months of late winter and early spring, said Dr. Petersen, may reflect this instability in his character, becoming either a scientist or a maniac. A life started between May and Au-

gust, he added, may tend toward sobriety, sedateness, and conservatism.

Difference in physical structure and resistance or susceptibility to certain diseases may be determined, he believes, by the season at the time of conception.

HONORABLE THIEF

A thief telephoned Dr. John Drury, of Lowell, Massachusetts, recently and said, "I just stole your car. Listen while I tell you where it is. . ."

Dr. Drury, amazed, stammered his thanks.

After a brief interval the phone rang again: "Hello, Doctor! I forgot to tell you that I hid your surgical kit behind the rear seat. Didn't want it to be stolen."

Again Dr. Drury expressed his thanks, adding that the police had found his car and that the ignition had been ruined. Replied the thief, "Yeah, I smashed it. I was afraid someone else would steal your bus. I'll make good when I get a job. So long!"

LAGGARD DIXIE HOSPITALS

The South's hospitals are as slow economically as its population is solid politically, according to warnings sounded at the Southeastern Hospital Conference a few weeks ago. G. L. Davis, of the Duke Endowment, charged that sub-Mason-Dixon-Line institutions lag five years behind the rest of the country in adjusting their



the dependable urinary antiseptic CYSTOGEN methenamine in its purest form

Summer heat aggravates the condition of cystitis because of the change in the urine. Physicians have found Cystogen an effective and alleviating antiseptic for all infections of the urinary tract. Cystogen prevents ammoniacal decomposition and the development of bacteria. It can be prescribed with full confidence. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

CYSTOGEN CHEMICAL CO., 882 3rd Ave., Brooklyn, N. Y.

Quickly STOPS ITCHING

POISON IVY

Calmitol promptly and dependably relieves the pruritus associated with various eruptive skin lesions. Through its antipruritic, mildly anesthetic and soothing influence, the distressing discomfort is allayed, affording gratifying and virtually immediate subjective relief. Calmitol is indicated whenever itching must be overcome as in dermatitis venenata (poison ivy, poison oak, etc.), urticaria, ringworm, eczema, dermatitis medicamentosa, herpes simplex and zoster, pruritus ani and vulvae, etc.

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THE DEPENDABLE ANTI-PRURITIC



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Ralks' SILVER NITRATE APPLICATORS

These perfected applicators, packaged in a new, convenient, non-inflammable container, furnish the most accurate method of application of silver nitrate to any infected area. No liquid to spill. No excess staining. Always ready for use. Readily disposed of. Inexpensive.

Percentage of strength is easily controlled ranging from 10% to 50% according to the amount of liquid present. When moistened with water a 10% application will result.

THREE SIZES

- 6 1/4 in. applicators \$1.25 per 100
- 1 1/2 in. applicators 1.00 per 100
- 12 in. applicators 1.75 per 100

Insist on getting genuine RALKS' through your surgical supply distributor.



J. SKLAR MANUFACTURING CO. BROOKLYN N. Y.



BROMOSO (Tilden)
ALLAYS PAIN
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Neuralgia—Neuritis—Periodic Pains

It is anodyne, sedative—yet is NON-NARCOTIC, and BROMOSO can be administered persistently because it is unusually pleasant to take.

Send for medical information on BROMOSO today.

TILDEN HAS KEPT FAITH WITH PHYSICIANS

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The Oldest Pharmaceutical House In America

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STORM



Worn, the world over, for every condition requiring Abdominal Support.

Every belt is made to order.

Ask for literature

Katherine L. Storm, M.D.
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rates to changing economic conditions.

Elsewhere, he said, a flat rate per day for all services is the prevailing policy, instead of special fees for every attention given a patient.

In another vein, Dr. Bert W. Caldwell, executive secretary of the American Hospital Association, reminded the conference that it is essential for hospital officials and employees to keep their ethics as high as those of the medical profession. Said he: "In dealing with patients, all information obtained . . . must be treated as strictly confidential. An attaché of a hospital has no way of telling when, if such information gets out, the patient may be severely injured."

LÖVER SHOWS METAL

Because he didn't believe that when a red-headed girl says "no" she means it, a young Austrian farmer swallowed a piece of metal every time his lady-love rejected his suit. When, recently, his insides gave out before she gave in, surgeons removed two pounds of assorted nails, screws, and hairpins, plus an old pocket knife.

JUST PUBLISHED

ARTICLES

YOU CAN'T BEAT THE LANDLORD, by William Seagle. Advice on signing leases. (*American Mercury*, May, 1937)

DOCTORS DISSECT MEDICAL CARE, by Michael M. Davis. Comment on the report of the American Foundation. (*Survey Graphic*, May, 1937)

MILKING THE PUBLIC, by Clarence C. Little. An article attacking the theory that milk causes cancer. (*Coronet*, May, 1937)

CUBA, HEALTH INSURANCE TEST-TUBE. Cuban practitioners oppose mutual

IN YOUR UNYIELDING SKIN LESIONS,

cases that fail to respond to the usual treatment** make use of

MAZON FOR ECZEMA

THE PREFERRED DERMAL THERAPEUTIC

- Readily Absorbed • Anti-pruritic
- Non-staining • Anti-septic
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AND OTHER SKIN
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*Samples and Literature
on request.*

BELMONT LABORATORIES, Inc.
4430 Chestnut St., Philadelphia, Pa.



**This case resisted previous treatments for 25 years.

**COMPLETELY
ELIMINATED
20 DAYS**



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benefit societies. (*Literary Digest*, May 1, 1937)

A COUNTRY DOCTOR WRITES A LETTER. What the profession can do to reduce maternal mortality. (*Ladies' Home Journal*, May, 1937)

PAIN FOR NOTHING, by Don Daugherty. The author, a graduate in suffering, relates his experiences with physicians in searching for relief from his illness. (*Coronet*, May, 1937)

BOOKLETS

THE CONCEPT OF SOCIAL MEDICINE, by Gertrude Kroeger. A summary of the works of German physicians and writers during the past 150 years, and their interpretation of social medicine. (Julius Rosenwald Fund)

BOOKS

THE SILVER FLEECE, by Robert Collis. The autobiography of a doctor. (Doubleday, Doran, \$2.75)

IN THE LIVES OF MEN, by Alan Hart. The story of a doctor during the boom days of the Northwest. (Norton, \$2.50)

FALSE SECURITY: THE BETRAYAL OF THE AMERICAN INVESTOR, by Bernard J. Reis. (Equinox, \$2.75)

THE MIND OF MAN, by Walter Bromberg, M. D. Man's conquest of mental illness. (Harper, \$3.50)

WHO GAVE THE WORLD SYPHILIS? by Dr. Richmond C. Holcomb. The Haitian myth. (Froben Press, \$3)

Acknowledgement, omitted by mistake, is due to Dr. Paul W. Johnson, of Winston-Salem, N. C., for the idea discussed on page 36 and 37 of the February issue. Dr. Johnson suggests that groups of six or more physicians employ a business manager to handle collections, credit, record-keeping, and related work.



ONE DROP IN EACH EYE

The approaching HAY FEVER season

Rose Colds are now appearing and will be followed later by Hay Fever. Even in severe cases marked relief of ocular and nasal symptoms is assured with Estivin. Its action is surprisingly speedy.

A drop in each eye 2 or 3 times daily is generally sufficient to keep the average patient comfortable during the entire Hay Fever season.

Schieffelin & Co.

20 Cooper Square, New York, N. Y.

Literature and samples upon request.

Blood Analysis Figures Leap

Facts have sharp significance
for every alert practitioner

FIGURES from three sources show a clearly significant trend. Laboratories report increased requests for blood analyses. Manufacturers report a big jump in sales of hemoglobinometers. And sixty per cent of the schools today *require* that students possess these modern instruments.

It is obvious that physicians increasingly find it necessary to have an accurate blood picture of *every* case under their care—as an invaluable aid to accurate diagnosis and determination of treatment.

Hemoglobinometers, for office use, are today as well perfected, relatively as simple to use and inexpensive as the modern stethoscope, sphygmomanometer or any other essential instrument. Or good laboratories are everywhere accessible.

This growing reliance on blood-study is logical, with anemia co-existent in nearly all disease from acne to septicemia—recognized, in itself, as the most common ill of our time—and even *slight* blood impoverishment a real physiological burden!

YOUR OWN WORK in blood analysis and anti-anemic treatment will inevitably bring to your notice the unique and conspicuously effective hematic, **HEPTOGENE**. To that extent, frankly, this report is selfish. For what you will observe and hear of **HEPTOGENE**—its ability to effect marked and immediate reticulocyte response *without gastric upset*—will quite certainly lead, we believe, to your use of it wherever indicated for secondary anemias. (**HEPTOGENE** is advertised only, of course, to the medical profession.)

FORMULA—HEPTOGENE

Each tablet represents, approximately; **FRESH LIVER**—3100 mgm; ***FERRUM (Fe⁺⁺)**—3.80 mgm; **CUPRUM**—13 mgm (precise critical ratio of copper to iron); **CALCIUM** (as calcium gluconate)—7.00 mgm. **PALATABILITY**—five-grain coated tablets, easily swallowed whole or crushed in cereals; safe even for infants.

***NOTE** low iron intake—eliminates "heroic iron dosage" and resultant gastric upsets.

REQUEST PROFESSIONAL SAMPLE—8-day supply—with which we will submit typical case-histories. Address: *Biobasic Products, Inc., 45 Rockefeller Plaza, Rockefeller Center, New York, N. Y.*

for **EFFECTIVE** iodine therapy
prescribe **SYRUPUS ACIDI HYDRIODICI**
GARDNER'S

Indications: common colds, la grippe, pneumonia and other pulmonary affections, bronchitis, laryngitis, pharyngitis, goiter, glandular enlargements, infections, syphilis, eczema, hypertension, bronchial asthma . . . and other conditions in which iodine therapy is known to be of value.

Each fluid ounce contains 6.66 grains of pure, resublimed iodine which is palatable and acid in reaction. It affords all the constitutional effects of iodine with none of the unpleasant secondary symptoms which attend the use of potassium iodide.

TO PREVENT SUBSTITUTION AND INSURE DISPENSING OF THE GENUINE PRODUCT—SPECIFY "GARDNER" in original bottles of either 4 or 8 ounces.

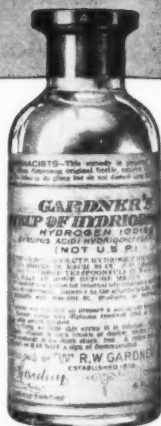
Samples and literature sent to physicians only and upon receipt of their card or letterhead.

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Established 1878

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Breaks the vicious circle of perverted menstrual function in cases of amenorrhea, tardy periods (non-physiological) and dysmenorrhea. Affords remarkable symptomatic relief by stimulating the innervation of the uterus and stabilizing the tone of its musculature. Controls the utero-ovarian circulation and thereby encourages a normal menstrual cycle.

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150 LAFAYETTE STREET, NEW YORK, N. Y.

Full formula and descriptive literature on request



Dosage: 1 to 2 capsules 3 or 4 times daily. Supplied in packages of 20.

Ethical protective mark MHS embossed on inside of each capsule, visible only when capsule is cut in half at seam.

LITERATURE & SAMPLES

PERTUSSIS: Here's an offer of a free supply of Pilka to try out on your next case of pertussis. Literature says that it checks vomiting, reduces the frequency and intensity of spasms, and permits normal nourishment—without containing narcotics. Pilka is declared to be equally effective in all types of coughs. The address is Takamine Laboratory, Inc. (ME 6-37), P. O. Box 188, Clifton, N. J.

CEREAL FOOD: A trial supply of Cerevim, a new pre-cooked cereal, Council-accepted, which the makers say is high in its content of vitamin B₁ and G, calcium, phosphorus, and milk protein, will be sent to any physician writing Hugh Tebault & Co., Inc. (ME 6-37), 1775 Broadway, New York, N. Y. Cerevim is prescribed by pediatricists and general practitioners in infant, child, and adult dietaries—for the underweight and undernourished, as well as for the healthy and vigorous.

SMOKELESS CIGARETTE SUBSTITUTE: Breathers, a new substitute for cigarettes, have been developed to help the heavy smoker ease up. They're fireless, drugless, and contain no nicotine, the makers say, yet they are inhaled in the same manner. For a trial package, drop a card to the Cheney Chemical Company (ME 6-37), 2929 East 67th St., Cleveland, Ohio.

DERMATOLOGICAL CONDITIONS: Physicians are invited to write to the Amfre Drug Co., Inc (ME 6-37), 31 East 27th Street, New York, N. Y.,

for samples of Codalltoin, an ointment combining allantoin and cod liver oil. Literature is also furnished, giving clinical reports on the healing properties of the product in such indications as burns, wounds, and ulcers.

INFECTION: A trial supply of Hydrophen ointment is offered to physicians as a therapeutic agent for treating fungus and bacterial skin infections. It is described as a greaseless, stainless, and odorless preparation highly effective against aerobic and anaerobic bacteria. Address: N. C. Goodwin's Laboratory, Inc. (ME 6-37), 108 Winthrop St., Brooklyn, N. Y.

RHEUMATIC DISEASE: This offer includes a small folder which gives all the facts about Ven-Apis, the biologically standardized venom of the honey bee. Rheumatic and arthritic patients have shown a remarkable increase in the cholesterol level of the blood when this preparation is used, the literature says. You can get a copy by dropping a card to the R. J. Strassenburgh Company (ME 6-37), 195 Exchange St., Rochester, N. Y.

HEMORRHOIDS: By word and picture, this attractive folder, printed in color, tells all about the new Airol Suppositories. The product is said to have three distinct advantages: a base that absorbs water, swells to the diameter of the rectum, and adheres to the mucosa; a widened blunt end which makes insertion easier; and a new combination of soothing, healing,

and antispasmodic ingredients. Besides the folder, a sample package will be sent to your office upon request. Address Hoffmann-La Roche, Inc. (ME 6-37), Nutley, N. J.

URINARY ANTISEPTIC: Hexalet is designed to meet the requirements of urologists in the treatment of urinary tract infections. It combines sulphosalicylic acid with methenamine. The combination, according to the folder, rapidly clears up non-tuberculous urinary disturbances and acts without renal or vesical irritations or gastric upset. A free sample is also available. Write to Riedel & Company, Inc. (ME 6-37), Berry & So. Fifth Sts., Brooklyn, N. Y.

COLDS AND SORE THROAT: Glyco-Thymoline, an alkaline solution, is indicated to relieve congestion and to soothe irritated nose and throat membranes. A generous-size bottle for office use and smaller samples for clinical use are offered free. Address the Kress & Owen Company (ME 6-37), 361-363 Pearl Street, New York, N. Y.

BIRTH CONTROL: This concise leaflet discusses birth control—why it is important and its present status in the United States. Special attention is given to the legal, medical, moral, and practical aspects of the subject. If you want a copy, write to Whittaker Laboratories, Inc. (ME 6-37), 250 W. 57th St., New York, N. Y.

CHRONIC ALCOHOLISM: Physicians should find this pamphlet interesting. It discusses in detail a newly

devised treatment for chronic alcoholism. The product used is Plasmotropin, a colloidal preparation. The brochure says it has proved itself efficient in correcting the allergic state and in preventing victims from declining into the ultimate stages of the condition. Write to Plasmotropin Laboratories, Inc. (ME 6-37), 30 Rockefeller Plaza, New York, N. Y.

X-RAY CONTACT THERAPY APPARATUS, delivering over 900 r-units per minute: A seven page, illustrated booklet giving complete specifications of the Siemens Treatment Apparatus for the new Chaoul method of radiation, is yours for the asking. Just drop a line to the Adlanto Industrial Products Corp. (ME 6-37), 54 Lafayette St., New York, N. Y.

ANEMIA: Hematinic Plastules are suggested as an effective means of administering ferrous iron in cases of anemia. They are rapidly assimilated, readily adaptable to metabolism in the human body, and produce results in small dosage, the manufacturers declare. A generous sample is available, besides the literature. Write to the Bovinine Company (ME 6-37), 8134 McCormick Blvd., Chicago, Ill.

HEARING AIDS: The Western Electric Company (ME 6-37), 195 Broadway, New York, N. Y., has just issued an interesting and educational booklet entitled *Hearing Aids*. Besides containing definite information on choosing an instrument, it describes the various types manufactured by Western Electric and shows photos of them in actual use.

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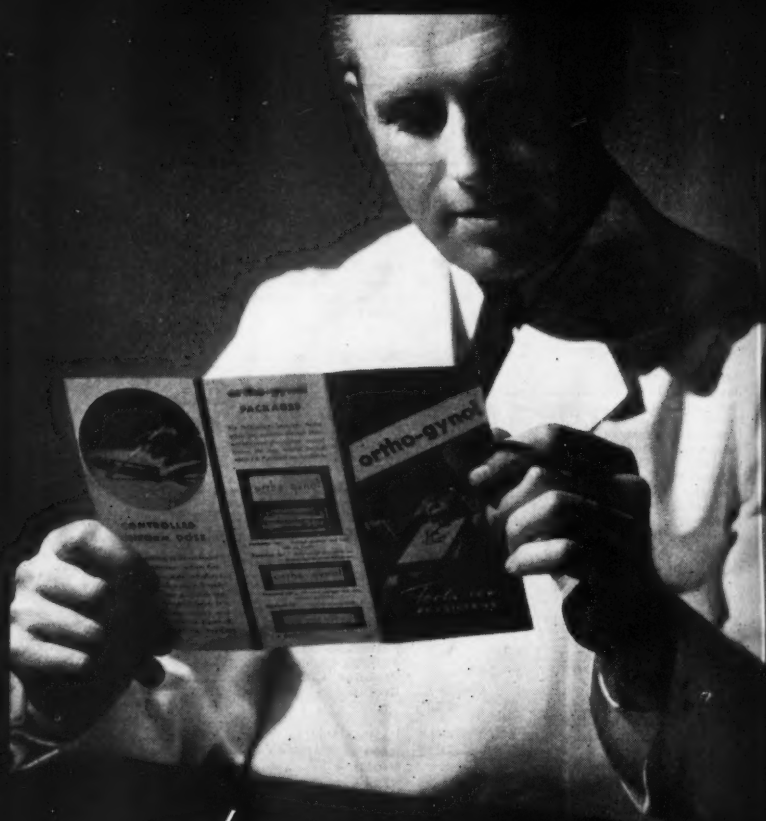
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